

To,

The Hostel Warden,

Institute of Dental Sciences

Pilibhit By-pass Road

Bareilly-243006 (U.P.)

Subject: Regarding-Hostel checkout

Sir/Madam,

I _____ (name of student) S/o,D/o Mr. _____ course
_____ batch _____. I have checked out from hostel due
to _____ (reason of hostel leaving) room no. _____ (shared/separate) from
_____ (date of hostel leaving). So please take it in your record.

Date: _____

Signature of student _____

<u>S.NO.</u>	<u>OFFICE IN CHARGE</u>	<u>REMARKS (DUES/NODUES)</u>	<u>SIGNATURE WITH DATE</u>
1.	Care taker/ Hostel In charge		
2.	Hostel Warden		
3.	Accounts office		