

NITIE, Mumbai – 400087

MDP/PGP Hostel

Date: ___/___/___.

To

Controller of Examinations
NITIE, Hostels Administration
Mumbai – 400 087

I request you to provide accommodation to my guest(s) from _____ to _____
in PGP/ MDP Hostel.

Name(s) of the Guest : _____

Male / Female : _____ Age : _____

Relationship with the Applicants/Student: _____

Address of the Guest (with professional affiliation details) _____

Signature of Applicants _____

Name of Applicants _____

PGDIE / PGDIM / PGDIESEM / PGDMM/PGDPM / Fellow Program/ Faculty/Officer /Staff

Hostel Room No. _____ Hostel No _____

Mobile No. _____

For Office Use