



# मालवीय राष्ट्रीय प्रौद्योगिकी संस्थान जयपुर MALAVIYA NATIONAL INSTITUTE OF TECHNOLOGY JAIPUR

(Institution of National Importance under NITs Act, Established by Govt. of India)

J.L.N. Marg, Jaipur-302017 (Raj.) INDIA. www.mnit.ac.in

Tel: 0141-2713373 (Office), Fax : 0141- 2529029

## OFFICE OF DEAN STUDENT WELFARE (HOSTEL OFFICE)

No. MNIT/DSW/HO/2025-26/ 2114

Date: 29/04/2026

### CIRCULAR

Due to summer vacation all the hosteller student of B. Tech/B. Arch who are currently residing in the hostel are informed to vacate their room before proceeding for summer vacation. This is required for maintenance of the building. If required, students can deposit their baggage in the respective hostel common room. Students have to strictly handover the room to the Caretaker, Non-Compliance will be taken very seriously.

Additionally, Students of **UG & PG final year** have to submit their **No-Dues/ Refund Performa** to concerned Caretaker, while vacating the room.

*Niranjana*  
AR (Hostel)

### Copy to: -

1. Dean (SW) – for kind information
2. Associate Dean (Students)-for kind information
3. Associate Dean (Mess)- for kind information
4. All Hostel Warden – for kind information
5. All Hostel Caretakers
6. Institute Notice Board
7. All Hostel Notice Board (Boys & Girls)

**MALAVIYA NATIONAL INSTITUTE OF TECHNOLOGY JAIPUR**  
**Office of Dean Student Welfare: Hostel Wing**

PERFORMA FOR HOSTEL NO DUES & CAUTION MONEY FOR GRADUATING HOSTEL RESIDENTS

(Hostel Name & No:.....)

(To be filled by the Student)

Student Name: \_\_\_\_\_

Student Id: \_\_\_\_\_

Mobile No. of Student: \_\_\_\_\_

Email Id of Student: \_\_\_\_\_

Parent's Name (Father/Mother/Guardian): \_\_\_\_\_

Mobile No. of Father/Mother/Guardian: \_\_\_\_\_

Address of Correspondence: \_\_\_\_\_

\_\_\_\_\_

Room No: \_\_\_\_\_

Hostel Joining Date: \_\_\_\_\_ Hostel Leaving Date: \_\_\_\_\_

# BANK DETAILS FOR REFUND OF CAUTION MONEY

(To be filled by the Student)

Name of Beneficiary (CAPITAL LETTERS): \_\_\_\_\_

Account No. \_\_\_\_\_ IFSC Code: \_\_\_\_\_

Bank Name & Address: \_\_\_\_\_

Details of Items in Room:

	TUBE LIGHT	FAN	TABLE	CHAIR	COT
Tick (✓) If present in Room, Tick (x) If not present in Room.					
Health / Condition put Good (Not Broken) or Poor (If Broken)					

Student's Signature

Comments by Caretaker including condition of White Wash: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Caretaker's Signature

Comments by Warden: \_\_\_\_\_

Warden's Signature

## FOR HOSTEL OFFICE USE ONLY

Amount and Date of Caution Money Refunded with Transaction ID \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_