



Government Engineering College Dahod

Boys' and Girls' Hostels

No.: GECD/Hostel_Notice/2023/ 430

Date: 08-05-2023

NOTICE FOR TEMPORARY HOSTEL ACCOMMODATION FOR STUDENTS

This is to inform all the students of the institute that temporary accommodation in the institute's hostels will be made available subject to the existing vacancy in the hostels. In order to get temporary accommodation, you need to apply in a specific format application (attached herewith). However, the final allotment of room/seat will be processed with the payment of temporary accommodation charges. The procedure to avail of temporary accommodation is explained below.

- Step 1.** Fill out the application form FORMAT – 5A (attached herewith) with neat and clean capital letters.
- Step 2.** Get the signature of your guide/supervisor or Head of the respective department.
- Step 3.** Visit the Boys'/Girls' hostel Warden to check the accommodation availability.
- Step 4.** If the vacancy is available, fill out the required information in FORMAT – 5B (attached herewith) and get the form signed by the Hostel Rector.
- Step 5.** Go to the Institute Account Section and pay the required charges.
- Step 6.** Go to the vacancy available Boys'/Girls' hostel for final room allotment.
- Step 7.** Submit your application with a Xerox copy of the payment receipt and the upper half part of FORMAT – 5B to the hostel security guard.

In view of the rooms to be made available to all the students of the institute, **maximum 04 days' stay will be provided.**

---do--
Hostel Management



Government Engineering College Dahod

Jhalod Road, Dahod, Pin Code No. 389151, Phone No. (02673) 299115



TEMPORARY HOSTEL ACCOMMODATION APPLICATION FOR STUDENTS

Date: _____

To,
The Hostel Rector
GEC Dahod

Subject: Request to provide guest or temporary accommodation.

Respected Sir,

In context with the above cited subject, I would like to request you to kindly provide me a temporary hostel accommodation. My details for the requirement of the same as given below.

1. I am a bonafide student of GEC Dahod and earlier had hostel admission from _____ to _____.
2. I am a bonafide student of GEC Dahod and earlier not have any hostel admission at GEC Dahod.

Applicant:

Enrollment No.	Name	Mobile No.

Email ID: _____

Dates of guest/temporary accommodation required:

From : _____ to _____ = _____ days

Note: Maximum 04 days will be permitted.

Reason for the temporary accommodation:

.....

Student's Declaration

I assure you that the information provided herewith is correct to the best of my knowledge and belief. I further assure to fulfil all the necessary requirements for the allotment of the temporary room. I will stay only for the said duration and vacate the room on the said date. **I will strictly follow the hostel rules.**

Date: _____

(Sign of Applicant)

Place: _____

Full Name: _____

Recommendation

The student Mr./Ms. _____
 (En. No.: _____) is a bonafide student of _____ Department, GEC Dahod.
 He/She came here for the purpose of _____.
 Hence, kindly provide him/her accommodation (if possible).

Date: _____

(Supervisor/ Guide/Head of the Department)



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Vacant room status

Date: _____

The availability of room/seat for Eklavya/Dadhichi/Saraswati Bhavan Hostel is as given below.

Name of Hostel: _____ Availability of Seat: Yes / No Sign of Warden: _____

<u>Office Use (Warden Office Copy)</u>				
Application No.	Enrollment No.:	Name	Duration of Stay	Alloted Room and Seat No.

Receipt No.	Receipt Date	Paid Amount	Cashier's Sign

(Warden)



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tl: _____

પ્રતિ,
એકાઉન્ટ વિભાગ,
સ.ઈ.કો., દાહોદ

સંદર્ભ: અત્રેની કચેરીનો ઠરાવ ક્રમાંક : સઈકોદા/હોસ્ટેલ ગેસ્ટ ચાર્જ/૭૮૦-અ તા. ૦૮-૦૮-૨૦૨૨

ઉક્ત દર્શિત સંદર્ભ અન્વયે નીચે કોષ્ટકમાં દર્શાવેલ માહિતી અનુશાર નકકી થતી રકમ જમા લેવી તથા તેની રસીદ અરજદારને આપી હંગામી રોકાણ માટે ઉપરોક્ત હોસ્ટેલનો સંપર્ક કરવા વિદ્યાર્થીને માર્ગદર્શન આપવું. આ સાથે જમા લીધેલ રકમ/રીસીપ્ટની યોગ્ય નોંધ **Office Use** (ઉપર-નીચે બન્ને અડધીયા) ભાગમાં કરી નીચેનું અડધીયુ ફાડી લેવું.

Enrollment No.	Name	Mobile No.

હંગામી રોકાણનો સમયગાળો:

From : _____ to _____ = _____ days.

(Hostel Rector)

<u>Office Use (Account Office Copy)</u>			
રીસીપ્ટ નં	રીસીપ્ટની તારીખ	અરજદારનું નામ	જમા લીધેલ રકમ

કેશીયરની સહી: _____