

# Surajmal Memorial Education Society

## Raja Mahendra Pratap Hostel


C-4 Janak Puri, New Delhi 110058

Date: 06-05-2024

### **IMPORTANT NOTICE FOR STUDENTS**

Students of Maharaja Surajmal Institute (MSI) and Maharaja Surajmal Institute of Technology (MSIT) are hereby informed that those who are interested to avail the Hostel facility for academic session 2024 - 2025 are required to fill-up the Hostel-Registration-Form, which is available at Photo Copy Shop/website, and submit the completely filled registration form in Hostel Office latest by 31<sup>st</sup> May-2024.

Students must ensure that they should fill all the fields mentioned in the registration-form. Incomplete registration forms will not be considered and hence rejected.

  
Prof. (Dr.) Harish Singh  
Director, MSI

Note: Registration form can be downloaded from "[www.msijanakpuri.com](http://www.msijanakpuri.com)"

**RAJA MAHENDRA PRATAP HOSTEL****C-4, JANAKPURI, NEW DELHI-110058****REGISTRATION FORM (2<sup>nd</sup>, 3<sup>rd</sup> & 4<sup>th</sup> Year Students) FOR HOSTEL ADMISSION (2024 – 2025)**1. Applicant's Name & Mob.No.....  
(IN BLOCK LETTERS)

2. Enrollment No .....

3. Category of Admission\* .....

4. Gender(M/F) .....

5. Programme .....

6. Course.....

7. Shift .....

8. Year(2<sup>nd</sup> /3<sup>rd</sup>/4<sup>th</sup> ) .....9. Father's/Mother's Name & Mob No. ....  
(IN BLOCK LETTERS)10. Correspondence Address with Tel. No. & E-mail .....  
(IN BLOCK LETTERS)

State.....Country.....Pin.....

11. Earlier stay in this Hostel (Yes / No)....., If Yes, then duration From .....To..... &amp; Room No.....

12. Marks Obtained (%)\*

S.No.	Exam Passed/ Program	1 <sup>st</sup> Sem.	2 <sup>nd</sup> Sem.	3 <sup>rd</sup> Sem.	4 <sup>th</sup> Sem.	5 <sup>th</sup> Sem.	6 <sup>th</sup> Sem.	7 <sup>th</sup> Sem.	Total
1.	12 <sup>th</sup>								
2.	B.Tech/BCA/ BBA/B.Ed/B.Com								
3.	Any Other								

13. Attendance (%) in previous Sem. / Year (old residents): (a). (I/ III/V / VII sem.)..... (b). (II/IV / VI/VIII sem.).....

14. No. of repeat / back in previous Sem/Year (if any) .....

Date :

Place : .....

(Signature of Applicant)

**Verification by the HOD:-** (HOD please verify the marks obtained, Attendance and number of repeat in the previous sem. / year of above student)

Remarks.....

.....  
(Signature of HOD)

\*Attach proof

For Office use