

# Surajmal Memorial Education Society

## Raja Mahendra Pratap Hostel


C-4 Janak Puri, New Delhi 110058

Date: 10-07-2025

### Important Notice for 1<sup>st</sup> Year Students

First year 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 2025 – 2026 are required to fill-up the Hostel-Registration-Form, which is available at Photo Copy Shop of the Institute or can be downloaded from “[www.msijanakupuri.com](http://www.msijanakupuri.com)”, and submit the completely filled registration form in the Hostel Office at the time of physical reporting.

Students must ensure that they should fill all the fields/details mentioned in the registration-form. Incomplete registration-form will be rejected / not accepted.



**Prof. Rajbir Singh**  
Director

Note: Registration form can be downloaded from “[www.msijanakupuri.com](http://www.msijanakupuri.com)”

Reg. Form No.:

# RAJA MAHENDRA PRATAP HOSTEL

C-4, JANAKPURI, NEW DELHI-110058

## REGISTRATION FORM (First Year) FOR HOSTEL ADMISSION (2025 – 2026)

1. Applicant's Name & Mob.No.....  
(IN BLOCK LETTERS)
2. CET / JEE Mains Roll No.(1<sup>st</sup> Year).....
3. CET /JEE Mains Rank (1<sup>st</sup> Year)\* ..... 4. Category of Admission (Delhi/ Outside Delhi)\* .....
5. Programme /Course/Shift .....
6. Father's/Mother's Name & Mob No. ....  
(IN BLOCK LETTERS)
7. Father's/Mother's Occupation & Office Address .....
8. Correspondence Address with Tel. No. & E-mail .....  
(IN BLOCK LETTERS)
- State.....Country.....Pin.....

9. Marks Obtained \*

S.No.	Exam Passed/ Program	Board	Subjects	Max Marks	Marks Obt.	Percentage %
1.	10 <sup>th</sup>					
2.	12 <sup>th</sup>					
3.	Any Other					

**Note:** - 75% attendance in subsequent semesters shall be compulsory to be eligible to avail hostel facility.

Date :

Place : .....

(Signature of Applicant)

Verification & Remarks by the HOD/Incharge/Program Coordinator:- .....

Name of HOD/Incharge/Program Coordinator:- .....

(Signature of HOD/Incharge/Program Coordinator)

\*Attach proof

For Office use