

Electrician/House Keeper

**University College of Medical Sciences
& G.T.B. Hospital, Shahdara, Delhi-110095
Boy's / Girls Hostel
HOSTEL LEAVING FORM**

Bed -
Table -
Chair -
Stool -

Name of the Resident.....

Room No.

Date of Joining.....

Date of Leaving the Hostel.....

Signature of Chowkidar

Signature of the Residence

Signature of Head Bearer

Signature of Assistant

Signature of Warden

Remarks if any :-