



सरदार वल्लभभाई राष्ट्रीयप्रौद्योगिकी संस्थान, सूरत  
SARDAR VALLABHBHAI NATIONAL INSTITUTE OF TECHNOLOGY, SURAT  
HOSTEL SECTION

SVNIT

No. Hostel Section / 165 /2024-25

Date: 02-05-2024


## NOTICE

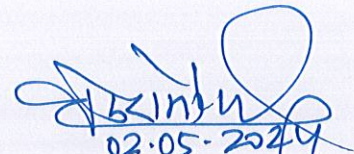
Ref:- No.Hostel Setion/165/2023-24 dated:-01/5/2023

With reference to above, for the students who want to stay in the institute during vacation for the Internship purpose only, the accommodation will be provided as per the following charges in **Bhabha Bhavan (Boys) and Mother Teresa Bhavan (Girls) from 15<sup>th</sup> May, 2024.**

Sr. No	Details	Duration	Hostel and Type of accommodation
1.	Rs. 1500/- per student	Less or equal to one month	<b>Bhabha Bhavan (Boys)</b> Double Seated
2.	Rs. 1500/- per student		<b>Mother Teresa Bhavan (Girls)</b> Double Seated

- ❖ Above fee will be applicable for student of SVNIT and other institutions.
- ❖ The stay during vacation will be based on the submission of internship letter duly signed by Supervisor/faculty and forwarded through respective section Head.
- ❖ The students doing summer internship outside institute required to submit the valid permission letter from the organization (Place of work).
- ❖ Mess facility to be availed on payment basis in the regular mess of the hostels.
- ❖ Attendance to be recorded on each day by the supervisor.

  
02.05.2024  
(Dr. Shweta Shah)  
Member Secretary  
Council of Wardens

  
02.05.2024  
(Dr. Rakesh Maurya)  
Co-Chairman  
Council of Wardens

### Copy to:

1. Director -for information
2. The Dean (Academics) -for information
3. The Dean (SW) -for information
4. All HODs/ Section Heads/ Chief Wardens
5. Notice board: Hostels/Institute/Deptt.



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**Temporary Hostel Admission Form**

1.	Name of Student		Affix Passport Size Photograph here
2.	Admission No.		
3.	Department		
4.	Name of Faculty (Supervisor/ Guide/Mentor etc.)		
5.	(I) Phone Number		
	(II) E-mail ID		
	(III) Phone Number in case of emergency		
6.	Home Address		

**Declaration by Faculty (As per Sr.4)**

This is to certify that Mr./Mrs./Dr. \_\_\_\_\_ is  
involving \_\_\_\_\_.

I recommend his/her name for temporary accommodation in hostel.

Signature of Faculty Member

Signature of HOD

**Hostel Section (for Office Use)**

Mr./Mrs./Dr. \_\_\_\_\_ is allotted Room No. \_\_\_\_\_  
in \_\_\_\_\_ on dated \_\_\_\_\_ (Duration) \_\_\_\_\_

Amount Paid Rs. \_\_\_\_\_ by Cash/ D.D/ Cheque \_\_\_\_\_ Date \_\_\_\_\_

Chief Warden

Co-Chairman  
Council of Wardens