

UNIVERSITY COLLEGE OF ENGINEERING, TINDIVANAM HOSTELS
MESS REDUCTION / REDUCTION CANCELLATION APPLICATION SLIP

| | |
|----------------------|---|
| Name of the Student | |
| Reg. No. | |
| Year & Department | |
| Hostel Room No. | |
| Type of Request | <input type="checkbox"/> Mess Reduction <input type="checkbox"/> Reduction Cancellation |
| Period Requested | From ____/____/20____ To ____/____/20____ |
| Reason | |
| Student's Mobile No. | |

Declaration by Student:

I hereby declare that the above information is true to the best of my knowledge. I agree to abide by the hostel/mess rules regarding reduction/cancellation.

Date: ____/____/20____

Signature of Student

Recommendation / Approval

Date: ____/____/20____

Signature of the Class Advisor

☐ Approved ☐ Not Approved

Remarks by RC: _____

Date: ____/____/20____

Signature of the Deputy Warden
/ Residential Counselor

- Signed copy should be uploaded in the <https://aucet.in/facilities/hostel/forms/mess-reduction>.
- Hard Copy to be submitted to the Hostel Office within stipulated period.