

MARGALLA INSTITUTE OF HEALTH SCIENCES
HOSTEL VACATING FORM

It is to certify that Miss/ Mr. _____ D/O, S/O _____ of _____
(Discipline)
who was allocated accommodation in the MIHS hostel is going to leave and vacate the hostel w.e.f
_____ He/ She will now stay with his/ her Parents / Guardian at _____.

I undertake that he / she is in no more need of accommodation in the MIHS hostel.

Please cancel his / her accommodation from the hostel with effect from the date mentioned above.

Yours faithfully,

(Father / Mother / Guardian)

Name : _____

Signature : _____

Address : _____

CNIC # : _____

Dated : _____