

Signature of Parent / Guardian

Date:

APPLICATION FOR HOSTEL ACCOMODATION

Signature of the Candidate

Date:

 Accommodation is provided as Non A/C room sharing. Food facility charges applicable as per mess provider. 												Affix your recent passport size photo				
Complete all sections. Use black ball point pen only. Fill the form in legible writing.												and sign across				
☐ Mr ☐ Miss	☐ Mrs	5	First Name													
Surname					Gender (Tic	Date of Birth										
					☐ MALE	☐ FEMALE	d	d		m	m	У	У	У	У	
Passport No.				ountry of Issue & Citizenship			Passport expiry date				e					
							d	d		m	m	У	У	У	У	
Mobile No (with Country Code)				Email Id							Ma	Marital Status(Tick)				
												MARRIE	D	□ SIN	IGLE	
House Name, No & Str		City														
·																
Area / District State						Country		Pin			in / F	/ Post / Zip Code				
Father						Mother						Guardian				
Name																
Email Id																
Contact No. with area code																
Mobile No.																
with country code								•								
	on period applied for:															
From (Month & Year)	To (Month &	Year)														
I declare that all informa I agree to the condition t	_					-	_	el acco	mmo	odatio	on fac	ility may	be ca	ncelle	d.	