



HOSTEL FORM

NAME.....

FATHER'S NAME.....

FATHER/GUARDIAN PHONE NO

DATE OF BIRTH DD MM YYYY

COURSE **Enrolment No:**

PROGRAM **SEM.....**

PERMANENT ADDRESS.....
.....

CONTACT NO IN CASE OF EMERGENCY.....

HOSTEL FEES PER SEM **HOSTEL RECEIPT No.**

ROOM No. / BED No.

I hereby declare that I shall abide by the hostel rules and agree to all terms and conditions of the Hostel that changes from time to time.

Date:

Signature of the student

For office use only:

Name of the student

Room/ Bed allotted..... Hostel fee structure

Authorized Signatory.....