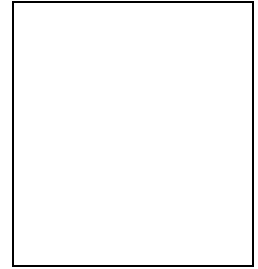


HOSTEL BOOKING FORM



Full Name of Applicant: _____

Programme Enrolled: _____

Date from which accommodation is required: _____

Personal Details

Date of Birth: _____ Sex (Male/Female): _____

Blood Group: _____ Allergies: _____

Medical History: Is the applicant suffering from any chronic illness? If yes, give details:

Permanent Home Address:

Telephone No. _____ Mobile No. _____

Parents Details:

Father's Name: _____ Occupation: _____

Name and address of Office: _____

Office Telephone No. _____ Mobile No. _____

Mother's Name: _____ Occupation: _____

Name and Address of Office: _____

Office Telephone No. _____ Mobile No. _____

In case of Emergency:

Name of contact person: _____ Relationship _____

Telephone Number: _____ Mobile : _____

Local Guardian

Name: _____ Relationship _____

Address: _____

Telephone Number: _____ Mobile : _____

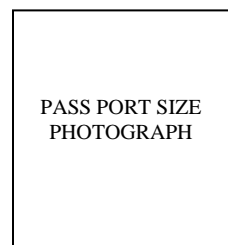
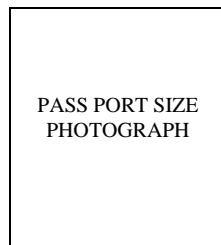
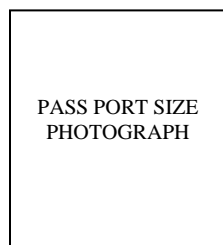
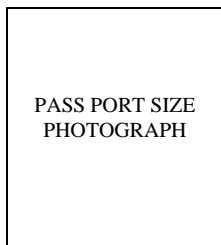
Special Request (if any)

I have read and understood the rules and regulations of the hostel and agree to abide by them.

Date and Place: _____ Signature of Applicant _____

Specimen signature of Father: _____

Specimen signature of Mother: _____



FATHER

MOTHER

LOCAL GUARDIAN

ANY OTHER
RELATIVE
EXPECTED
TO VISIT