

Signature of Student

## **Hostel Registration Form (2023-2024)**

Pŀ	ot	08	ra	pł

	Reg. No./Role No:																										
	Student Name:																										
	Father's Name:																										_
	Mother's Name:																										_
	Academic Program:	_							_ Se	eme	este	r: _												 _			
DOB:Gender: (For office use) Room No:																											
	Details of Fees paid:	Ar	moı	unt:	_					Da	te:_				_ N	loc	le c	of F	ee F	Pay	me	nt:					
	(For Accounts use) Fe	e R	ece	ipt	No	o: _									Da	tec	d: _								 -		
	Permanent Address (With Phone No)																						-			1	
	Local Guardian's Nan & Address (With Pho		No.		_																		-				
	Student Contact No:				_																		-				
	E- mail ID:																						-				
	Parents E- mail ID:				_																		-				
	Parents Contact No. V	Wha	ats/	Арр	N	o.:	_					_ <b>D</b> a	ate	of .	loin	ing	g Ho	oste	el: _				_				
	Any Allergy/Health C	onc	ern	ı wit	th	stu	den	ts												••••		••••					
	(Foreign students onl	y) <b>F</b> !	RRC	) re	gis	stra			_	 tak	ing	/D	ecla	ara	——	า											
	I hereby confirm  having received a) G  that I have read and that the Decision of me.  that in case of violate that University has a that It is my duty to under no compulsio	d und f Uni tion right o inf	ders iver of r t to forn	stoo sity rules cha m m	od t au s, I ng	the a tho will e th	egul abov ritie l be ese ents	atio ve d s in liab rule abo	ons locu all ole t es in	b) H ime ma to be the	lost nts tter e ex e m ha <sub>l</sub>	el Fe in d s co pell idst	ee S leta once led t	trudil and rnid	ctur id w ng n n th	e, f vill a ny s e H sion	abiostay lost	le b in el. equ	y th the tire	nem hos	ı. stel						

Date: Place:

Signature of Local Guardian/Parent

**Hostel Warden**