INSTITUTE OF HOTEL MANAGEMENT, CATERING TECHNOLOGY & APPLIED NUTRITION BANIPARK SIKAR ROAD, JAIPUR - 302016

APPLICATION FOR ON-CAMPUS HOSTEL FACILITY 20__-20__

								P	hoto				
Cour	rse :												
1.	Name :												
2.	Father's Name : Occupation :												
	E-Mail. :	Tel. Nos(with STD Code	e) Res	sidence									
(O)		(M)				1							
ا 3.	Mother's Name :		Occ	upation	:								
	E-Mail. :	Tel. Nos(with STD Code	e) Res	sidence									
(O)		(M)											
5.	Name of Local .		 Occ	upation	:								
	E-Mail. :	Tel. Nos(with STD Code	e) Res	sidence									
(O)		(M)											T
1													<u> </u>
6.	a) Any specific medical condition/history	/ that college should be a	ware (of (atta	ch a	dditi	onal	she	et if	nec	essa	ary) 	
7.	Blood Group :												
0	Andhou No												

DECLARATION

The information given above is correct. It is clearly understood that admission with hostel shall be cancelled if at any stage it is found that any of the particulars given above are factually incorrect or misleading. I have read the rules of the hostel and do declare that I shall abide by the same and shall submit to the discipline of the college in al respects. I shall pay the necessary hostel charges as described.

Signature of Applicant												
Name of Block Letter												
Mobile No. Self :												
Signature of Father & Mother												
Name in Block letters												
Signature of Guardian												
FOR OFFICE	E USE ONLY											
<u>Ist Term</u>	<u>IInd Terms</u>											
Received hostel charges vide receipt No	Received hostel charges vide receipt No											
Date Vide DD/Cash	Date Vide DD/Cash											
Cashier	Cashier											
Room No. Allotted												
Signature of Hostel Warden	Signature of Hostel Warden											
Name :	Name :											
Date :	Date :											