HOSTEL ADMISSION FORM

(2026-27)

Name of the Hostel Applied for : _____

Attach here a recent Passport size photograph

Personal Information:

Full Name: _____

Date of Birth: _ _ / _ _ / _ _ _ _ Gender: _____

Blood Group: _____

Permanent Address: _____

City: _____ State: _____ ZIP Code: _____

Distance from residence : _____ K.M.

Phone Number: _____

Guardian contact Number (Home):_____

Email Address: _____

Academic Information:

Course/Program: _____

University Roll Number: _____

Session: _____

Last Semester/Exam Grade Marks/CGPA:_____

Name of MENTOR: _____

Emergency Contact:

Full Name of the Guardian: _____

Relationship: _____

Phone Number of the Guardian:_____

Email Address (if any): _____

Medical Information:

Any need for P.H. accommodation: _____

Have any chronic diseases: (Yes / No)

If yes, Name of deseases: _____

please provide medical history/information that the hostel should be aware of (e.g., allergies, Hypertension, Asthma, Migraine pain, chronic illnesses, medications, etc.):_____
_____
___

Income Details:

Whether the applicant avail any scholarship: (Yes / No)

Name of the scholarship: _____ Amount:_____

Details of the Scholarship:_____

Father's Occupation: _____

Monthly Gross income of the family:_____

Declaration: I hereby declare that all the information provided in this admission form is true and accurate to the best of my knowledge. I understand that providing false information may result in the cancellation of my hostel admission.

_____
Full Signature of the student with date