



HOSTEL CONSENT FORM

Name of Student : _____

Contact No. : _____ E-mail: _____

Father's Name: : _____

Contact No. : _____

Local Guardian (If any): _____

Permanent Address : _____

Correspondence Address: _____

Gender : _____

Blood Group : _____

Branch : _____ Semester : _____ Reg. No./ Roll. No: _____

Whether wants to take Hostel Accommodation (YES/NO): _____

If 'NO', please give reason: _____

Signature of STUDENT

Signature of PARENT/GUARDIAN

For Office Use Only

Name: _____ Reg. No/Roll No.: _____

Hostel Allotted: _____ Room No. Allotted: _____

Signature of Warden

Signature of Chief Warden