

**STATE INSTITUTE OF HOTEL MANAGEMENT
SECTOR-14,NELA ROAD , UDAIPUR – 313001**

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



Course :

1. Name :

2. Father's Name : Occupation :

E-Mail. :

Tel. Nos(with STD Code) Residence

(O)

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(M)

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3. Mother's Name : Occupation :

E-Mail. :

Tel. Nos(with STD Code) Residence

(O)

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(M)

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4. Residential Address :

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5. Name of Local Guardian : Occupation :

E-Mail. :

Tel. Nos(with STD Code) Residence

(O)

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(M)

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Guardian relationship with student :

Address :

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6. a) Any specific medical condition/history that college should be aware of (attach additional sheet if necessary)

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7. Blood Group :



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 all respects. I shall pay the necessary hostel charges as described.

Signature of Applicant

Name of Block Letter

Mobile No. Self :

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Signature of Father & Mother

Name in Block letters

Signature of Guardian

FOR OFFICE USE ONLY

Ist Term

IInd Terms

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 :