

Boys' / Girls' Hostel Allotment Form

Name of the Student :
 Department :
 Programme :
 Semester :
 Date of joining :
 Category : GEN / OBC(NCL) / EWS / SC / ST
 PwBD Category :
 Gender :
 Permanent Address :

 Mobile No :
 Present residencial Address :

Present residence distance from University in km :

Medical Issues (if any) :

Date:

Signature of Candidate

FOR OFFICE USE

Mr. / Ms. _____ may be allotted in the
 _____ (Name of the Hostel) as per the University Hostel Norms.

Date:

Head of the Department