

Boys' / Girls' Hostel Allotment Form

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

Mobile No :
Present residential 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