

STATE INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY AND APPLIED NUTRITION, JODHPUR

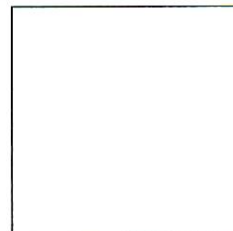
HOSTEL ALLOTMENT SLIP

TO BE FILLED IN BLOCK LETTER ONLY WITH A BALL POINT PEN

BOY'S HOSTEL/GIRL'S HOSTEL

B.SC/DIPLOMA

ROOM NO:.....



STUDENTS NAME	
PRESENT ADDRESS	
PERMANENT ADDRESS	
STUDENTS TELEPHONE NUMBER	
E-MAIL ID	
FATHER'S NAME	
FATHER'S ADDRESS (IF DIFFERENT FROM THE STUDENT'S ADDRESS)	
MOTHER'S NAME	
MOTHER'S ADDRESS (IF DIFFERENT FROM THE STUDENT'S ADDRESS)	
FATHER'S OCCUPATION	
FATHERS' OFFICE ADDRESS	
MOTHER'S OCCUPATION	
MOTHER'S OFFICE ADDRESS	
FATHER'S PHONE NUMBER	
FATHER'S E-MAIL ID	
MOTHER'S PHONE NUMBER	
MOTHER'S E-MAIL ID	
LOCAL GUARDIAN'S NAME	
LOCAL GUARDIAN'S ADDRESS	
LOCAL GURDIAN'S PHONE NUMBER	
LOCAL GUARDIAN'S E-MAIL ID	

SIGNATURE OF STUDENT

SIGNATURE OF PARENTS

WHETHER SELF NIGHT OUT PERMISSION GIVEN ON WEEKENDS AND HOLIDAYS: _____
(IF NIGHT OUT IS REQUIRED ON WORKING DAYS APPLICATION MUST BE SENT TO HOSTEL WARDEN BY FATHER OR MOTHER FROM REGISTERED MOBILE NUMBER ONLY)

- WE HEREBY DECLARE THAT OUR WARD IS TO STAY IN THE INSTITUTE'S HOSTEL AND WE SHALL BE RESPONSIBLE FOR HIS/HER CONDUCT AND DISCIPLINE AS GIVEN IN HOSTEL RULES (AVAILABLE IN COLLEGE WEBSITE).
- WE HAVE READ, UNDERSTOOD AND AGREED TO ABIDE BY THE HOSTEL RULES (AVAILABLE IN COLLEGE WEBSITE).

WE CERTIFY THAT THE PARTICULARS STATED ABOVE ARE CORRECT.

SIGNATURE OF PARENTS WITH DATE

SIGNATURE OF STUDENT

SIGNATURE OF LOCAL GUARDIAN