

APPLICATION FOR HOSTEL ADMISSION-
SAVITRI WOMEN'S COLLEGE, BHANJANAGAR (GM.)

Name_____

Class_____, Roll No_____ Caste – SC/ST/OBC/General

(If SC/ST enclose certificate issued by competitive authority)

Mother's Name_____

Father's Name_____Occupation_____

Correspondence Address : _____

Permanent Address : _____

Contact No : _____

Distance from Residence to College : _____

Physical disabled : Yes/No :

(If yes submit certificate issued by competitive authority)

Date : _____

Signature of the Applicant

Undertaking

I do undertake that I will abide the rules and regulations of the college Hostel as implemented by the authority from time to time. I am also agreed to quite the hostel as and when required by the authority without any reason there off.

Date_____

Signature of the Boarder

Class_____

Roll No_____

OFFICE USE

This is to certify that Miss_____ student of class _____ bearing Roll No_____ is selected to stay in the Hostel for the academic session 2016-2017. She is liable to pay Rs._____. She is allotted Bed No._____ in Room No._____

Principal

Dy.Superintendent

Superintendent

APPLICATION FOR HOSTEL ADMISSION-_____
SAVITRI WOMEN'S COLLEGE, BHANJANAGAR (GM.)

1. Name of the Student _____
(Write in the Block Letter)
 2. Class _____, Roll No _____
Cast : General / OBC / SC / ST / Minor community (Mark (√) against their cast. (Enclose certificate issued by competitive authority)
 3. Total Marks secured is the last Board / CHSE Exams. _____
(Xerox copy of the Mark sheet should be enclosed)
 4. Distance from your village / Town to college: _____kms.
 5. Mother's Name _____
 6. Father's Name _____ Occupation _____
 7. Permanent Address : _____

 8. Correspondence Address: _____

- Contact No : _____

Date _____

Signature of the Applicant

Declaration of the Parents

My daughter- Miss _____ student of _____ class will abide all rules and regulations of the college hostel, failing which she may be expelled from the hostel by the authority at any time without any notice. I do undertake also that under any circumstances I cannot take the shelter of law.

Date : _____

Signature of Parents

OFFICE USE

This is to certify that Miss _____ student of class _____ bearing Roll No _____ is selected to stay in the Hostel for the academic session 2017-2018. She is liable to pay Rs. _____.
She is allotted Bed No. _____ in Room No. _____

Principal

Dy.Superintendent

Superintendent