INDIAN INSTITUTE OF TOURISM & TRAVEL MANAGEMENT, GWALIOR

HOSTEL ADMISSION FORM

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 Name of the student(in Ca Gender Course of study enrolled f Date of Birth State of Domicile Father's/ Mother's Name Occupation Permanent Address 	: Male :	Female		
		CityDistt StatePIN		
		StatePINPIN Phone no.(with STD Code)		
8. Name & Address of Local Guardian (if any)	Mobile :	Mobile		
9. Profession and designation 10. Relationship of local guard 11. Last educational institute 12. Whether Vegetarian/Non-vegeta	dian with student: attended with address: regetarian:			
14. Whether any history of ne 15. Whether Character Certific	urotic/contagious/skin (cate Submitted	disease: Yes/No : Yes/No		
16. Whether hostel rule and re 17. Hostel fees paid-Amount I	Rsvide receip	t nodated		
18. Personal mobile Phone no 19. List of the furniture provid				
me of the item Quantity	Identification No	Remarks of the student on receipt of		

Name of the item	Quantity	Identification No	Remarks of the student on receipt of item provided
Bed			
Mattress			
Table			V N
Chair		a .	7
Almirah/wooden cupboard	Single/Double sharing		
Common Items			
Miscellaneous			

Note:- At the time of taking possession of the room/bed, the student is required to check the items handed are in proper working condition and appropriate remarks should be entered in the remarks column against each items in case of any defect/defiency. These items are to be returned in proper working condition on vacating the room as and when asked by the authorities. In case of any damage done to or loss of any furniture provided, the monetary penalty will be imposed or the cost of the item will be recovered from the student as deemed fit by the hostel authorities.

Declaration by the student:		
them faithfully, I also affirn	ne hostel carefully and I solemnly on that I will obey the order/instruct ble to be expelled from the host horities.	tion of the hostel authorities
Signature of the Student:		Date:
	For Official Use	
Mr./Ms.	students of	batch
is allotted Room No		
HostelFloor.		
Hostel Floor. Date of allotment:		t Want - with - up
		That entitle-up

Signature of Assistant Caretaker

Signature of Warden