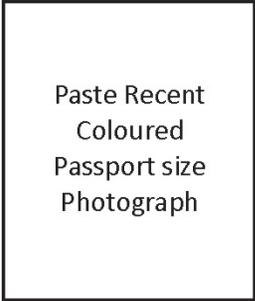


**INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY & APPLIED NUTRITION**  
**TILYAR LAKE, ROHTAK-124001**

**APPLICATION FOR ON-CAMPUS RESIDENCE FACILITY**



1. Name: .....
2. Father's Name: .....  
Telephone (with STD code) Residence..... (M) .....
3. Mother's Name: .....Occupation: .....  
Telephone (with STD code) Residence..... (M) .....
4. Home Address : .....
5. Postal Address of Father /Mother (if different from the above): .....
6. E-mail address of Father ..... Mother .....
7. Name of Local Guardian: (if any) ..... Occupation: .....  
Telephone: Residence ..... (M) ..... Office .....
- Relationship: .....
8. a) whether "Late Night" is to be allowed or not with local guardian: Allowed / Not Allowed  
b) Whether "Night Out" is to be allowed or not with local guardian: Allowed / Not Allowed
9. a) Any specific medical condition or history that the College should be aware of (attach additional sheet if necessary) :.....  
b) Blood Group : .....
10. Name of any relative among faculty or current student and relationship: .....

11. **DECLARATION:**

The information given above is correct. It is clearly understood that admission to hostel will be cancelled, if at any stage it is found that any of particulars given above are factually incorrect or misleading. I have read the rules of the Hostel on the Website of the Institute and do declare that I shall abide by the same and shall submit to the College in all respects.

**We understand that fee once paid is not refundable under any circumstances and we undertake to fully abide by this rule.**

Signature of Applicant

Signature of Father / Mother

Name in Block Letters:

Date:

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**FOR OFFICE USE ONLY**

Recommendation of Hostel Warden \_\_\_\_\_

**Signature of Hostel Warden**

**Payment Details :**

Receipt No. .... BANK ..... DD No./Challan No. ....

Date ..... Amt .....

**Accountant**

Allotment Approved / Allotment Cancelled

**Principal/Chief Hostel Warden**