

REQUEST FOR HOSTEL

(To be filled by the candidate)

NAME OF THE CANDIDATE :

FATHER'S / GUARDIANS NAME :

NAME OF THE PROGRAMME : **B.TECH/M.TECH/PH.D**

NAME OF BRANCH :

MEDICAL DISABILITY (IF ANY) :

MOBILE NO. :

GENDER : **M/F/TG**

HOSTEL ALLOTMENT FROM (Mention date) :

Date:

Signature of the Candidate

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