



Coimbatore Campus, Amritanagar P.O., Ettimadai,
Coimbatore - 641 112 Tamil Nadu, India Ph: +91 422 2685000
Fax: +91 422 2686274 Email: ase@amrita.edu

Form -001

HOSTEL APPLICATION FORM

AFFIX YOUR
RECENT
PASSPORT-SIZE
PHOTO HERE

APPLICATION NO : BLOOD GROUP :
ROLL NO :CB. DATE OF BIRTH :
ACADEMIC PROGRAM: BRANCH :
STUDENT'S NAME :
HOSTEL JOINING DATE: STUDENT'S MOBILE NO:
FATHER'S NAME:- MOTHER'S NAME:
FATHER'S E-MAIL ID: MOTHER'S E-MAIL ID:
FATHER'S MOBILE NO: MOTHER'S MOBILE NO:
FATHER' OCCUPATION: MOTHER'S OCCUPATION:
GUARDIAN NAME: GUARDIAN MOBILE NO:

ADDRESS FOR COMMUNICATION (Parent)	ADDRESS FOR COMMUNICATION (Guardian)

DETAILS OF FEE PAID:-

PARTICULARS	RECEIPT NO AND DATE	NAME OF THE BANK	AMOUNT
HOSTEL FEE			
MESS FEE			
CAUTION DEPOSIT			

DECLARATION

I hereby declare that the details furnished above are true to the best of my knowledge and I undertake to inform any change therein immediately to the hostel authorities of Amrita Vishwa Vidyapeetham. Also, I have no objection to receiving the hostel-related details about my ward through e-mail/ SMS from the University authorities and I will abide by the hostel rules and regulations of the University

We agree that in case of any medical emergency the parent / guardian will immediately report to the hostel.

SIGNATURE OF THE STUDENT

SIGNATURE OF THE PARENT / GUARDIAN

Signature of the Chief Warden

ID card surrendered with tag without tag This form is valid till/...../20.....

Note: After the approval **one copy** to Chief warden office, **two copy +Rs. 250/-** to admin office and **original form** to your hostel.

AMRITA VISHWA VIDYAPEETHAM
COIMBATORE-641112

Hostel Application to Vacate the Hostel become a day scholar

Name of School:

Date:

Name of Hostel:

Hostel First Joined Year & Month:

Name & Register no.:

Reason for vacating:

Signature of the student:

Current address & contact no.:

Name & Signature of the Parent/Guardian

Bank account details in case of refund:

A/c Holder name :

A/c Number :

IFSC Code :

Branch :

(For resident warden use only)

Student current academic year joined Date...../...../20..... Vacated Date...../...../20.....**Current year fee paid details****Hostel Rs.....Date:...../...../20.....****Mess Rs.....Date:...../...../20.....****Signature of Resident Warden with Seal****Signature of Chief Warden**

Note: After the approval 1. one copy to the Chief warden's office, 2. two copies +Rs. 250/- to the admin office 3. original to your hostel.

**AMRITA VISHWA VIDYAPEETHAM
COIMBATORE CAMPUS**

Form for vacation of Hostel Accommodation for Ph.D. Scholar/Faculty/Staff

Name: Designation:
Roll No / Employee ID : Dept:
Hostel Name:
Proposed date of vacating the hostel:

Reason for Vacating:

Address and Contact Number:

Sign of applicant :

Date : Name :

(To be filled by Hostel warden)

Room NoatBhavanam is vacated on
----- /-----/----- .

Signature of the Hostel Warden (No Dues):

Signature of Chief Warden

AMRITA VISHWA VIDYAPEETHAM
COIMBATORE CAMPUS

(Revised Form 003)
02/01/2025

Application for Hostel Accommodation - Ph.D. Scholars /Faculty/Staff

Name: _____ Designation: _____

Emp ID/Roll No: _____ Dept: _____

Name of Guide: _____

Email ID & Contact number of Guide: _____

Permanent Address: _____

Mob No : _____ Email ID : _____

Proposed date of joining: _____

Sign of applicant with date

Recommendation by Dean / Director

Approval by Campus Director

Type of accommodation provided:

Single bath attached room	Single room
Rs. 4500/-PM	Rs. 3200/-PM
Online	Through deduction from Salary

Payment Details:

Room No is allotted wefatBhavanam Hostel.

Sign of Chief Warden

AMRITA VISHWA VIDYAPEETHAM
COIMBATORE-641112
HOSTELS
Application to vacate the Hostel for staff /Ph.D./Project

Name:

Date:

Designation:

Employee ID:

Reason for Vacating:

Department to which attached:

Hostel Name:

Proposed date of vacating the hostel:

Address and Contact Number:

Signature of applicant with date

(To be filled by Hostel warden)

Name.....Room No is vacated fromBhavanam

Hostel on Date/...../.....

Signature of the Warden (No Dues):

Signature of Chief Warden

AMRITA VISHWA VIDYAPEETHAM
COIMBATORE-641112

Hostels

Application to Vacate the Hostel (TC)

Name of School:

Date:

Name of the Hostel:

Name & Reg. No:

Hostel first Joined Year & Month:

Signature of the Parent:

Signature of the Student:

Relationship with student:

Details of Bank account in case of refund:

A/C Holder name :

A/C Number :

IFSC Code :

Branch :

(For office use only)

Student current academic year joined Date...../...../20..... Vacated Date...../...../20.....

Fee Paid Details

Hostel Rs.....Date:...../...../.....

Mess Rs.....Date:...../...../.....

Signature of Resident Warden with Seal:

Signature of Chief Warden

AMRITA VISHWA VIDYAPEETHAM
COIMBATORE-641112
Hostels Application to become day scholar for short-term

Date:

Name of Hostel:

Name of student:

Roll no.:

Student email id:

Reason:

Signature of the student:

Address & Contact no.:

Signature of the Father/Mother with Name:

Contact number:

Dates on which he/she wants to become day scholar: From.....to.....

Signature of the Chief Warden

AMRITA VISHWA VIDYAPEETHAM
COIMBATORE-641112
Hostels Application to become hosteller for short-term

Date:

Name of student:

Roll no.:

Address & Contact no.:

Reason:

Dates on which stay is required: From.....to.....

Declaration

I hereby solemnly affirm that I will abide by all the rules and regulations mentioned in the Hostel rule book and amendments from time to time

Signature of the student:

Signature of the Father/Mother with Name:

Office use only

Disciplinary details:

Academic performance (Based on CMS report):

Name of the hostel:

Signature of Chief Warden