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

HOSTEL ADDITION FORM

	HOSTEL APP	LICATION FORM	
APPLICATION NO :			
ROLL NO :			
ACADEMIC PROGRAM:			AFFIX YOU
STUDENT"S NAME : STUDENT'S MOBILE NO:			RECENT
			PASSPORT-S PHOTO HEI
STUDENT'S E-MAIL ID:			
DATE OF BIRTH :			
BLOOD GROUP :			
PARENT'S DETAILS :			
FATHER'S NAME:-		MOTHER'S NAME:	
FATHER'S E-MAIL ID:		MOTHER'S E-MAIL ID:	
FATHER'S MOBILE NO: FATHER' OCCUPATION:		MOTHER'S MOBILE NO: MOTHER'S OCCUPATION:	
ADDRESS FOR COMMUNICATION		ADDRESS FOR COMMUNICATION (Guardian)	
(Parent)		(Guar	rdian)
L			
DETAILS OF FEE PAID:-			
PARTICULARS	RECEIPT NO AND DATE	NAME OF THE BANK	AMOUNT
HOSTEL FEE	ANDDAIL	DAIN	

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

MESS FEE

CAUTION DEPOSIT

SIGNATURE OF THE PARENT / GUARDIAN