

AMRITA VISHWA VIDYAPEETHAM
Coimbatore -641 112
APPLICATION FOR ADMISSION TO HOSTEL

Form 001

*(Affix your
recent passport
size color
photograph
here)*

Name of the School: **Amrita School of Engineering/Amrita School of Business (✓)**

Program : Branch :
Name of the student :
Registration number : Date of Birth :
Gender : Blood group :
Student Contact no : Medical issues if any: Yes / No
Hostel joining Date :
Name, Address and E-mail ID of the Parent:

Contact Number of the parent: 1) _____ 2) _____ Name,
Address, E mail ID and Contact number of Local Guardian (if any):

Details of fees paid

| Particulars | Receipt No. and Date | Name of Bank | Amount |
|-------------|----------------------|--------------|--------|
| Hostel Fee | | | |
| Mess Fee | | | |

Declaration from Parent:

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 in receiving the academic/hostel related details about my ward through e-mail/SMS from the University authorities.

Signature of the Student

Name & Signature of the Parent/Guardian

(Space for office use only)

The Student is allotted Room No.....of.....Bhavanam Hostel
on...../...../20.....of the academic year 20....-20....

Signature of Chief Warden

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

**AMRITA VISHWA VIDYAPEETHAM
COIMBATORE-641112**

Form -002

Hostels Application to Vacate the Hostel become 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 hostel 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

AMRITA VISHWA VIDYAPEETHAM
COIMBATORE-641112
HOSTELS
Application for Admission to the Hostel for staff

Form -003

Name:

Date:

Designation:

(Affix your
recent passport
size color
photograph
here)

Emp. ID:

Department:

Address:

Proposed date of joining:

Contact Number: 1).....2).....

Email ID.....

Name of the Guide:

Name and Signature of the Chairperson of the Department:

Email ID and Contact number of the Guide:

Signature of applicant with date

For Hostel office use only

Type of accommodation given:

| Single bath attached room | Single room | Shared room |
|---------------------------|-------------|-------------------------------------|
| Rs. 4500/- | Rs. 3200/- | Rs. 1100/-(4-4) Rs. 2200/- (1-2) |

Payment Details:

| | |
|----------------|------------------|
| Through Online | Salary Deduction |
|----------------|------------------|

Room No is allotted inBhavanam Hostel.

Signature of Chief Warden

AMRITA VISHWA VIDYAPEETHAM
COIMBATORE-641112
HOSTELS

Application to vacate the Hostel for staff

Name:

Date:

Designation:

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 hostel warden(No Dues):

Signature of Chief Warden

**AMRITA VISHWA VIDYAPEETHAM
COIMBATORE-641112**

HOSTELS

**Hostel Accommodation - Seminar/ Workshop/ Conference/Anokha / Pragati /Annual General Body of Alumni/
Convocation/ Sports etc. (✓)**

Date:

Name of the School:

Name of the Department:

Name of the Event:

Is the accommodation chargeable: YES / NO

Date of the Event:

Date and time of Arrival:

Date and time of Departure:

(Please attach the separate list of the boys and girls) No. of
Male students

No. of Female students

No. of Male Faculty:

No. of Female faculty:

Name and Mobile No. of the Faculty coordinating the accommodation: Faculty 1:

Faculty 2:

Name and contact number of student coordinator:

Any other specific requirements

Name and Signature of the Chairperson of the Department/in- charge of the activity with date and seal:

(Please attach a copy of approval from authority concerned if the accommodation is not chargeable)

(For office use only)

Name of the Hostel for Male:

Name of the Hostel for Female:

Signature of Chief Warden

AMRITA VISHWA VIDYAPEETHAM
COIMBATORE-641112
HOSTELS

Request for the Hostel Accommodation- Parents/ Guardians

Name of the Hostel: _____ Bhavanam

1. Name of the Student & Reg. No:
2. Name of the Parent/Guardian:
3. Address & Phone No.
4. Relationship with the student:
5. Purpose of the visit:

Signature of the Student

Date:

6. Date and time of Arrival/ Departure

| | Date | Time |
|-----------|------|------|
| Arrival | | |
| Departure | | |

7. Accommodation Charges

| Type of Room | Tariff | No of days | Amount |
|--------------|--------|------------|--------|
| | | | |

8. Food Charges

| Type of Meal | Tariff | No of Meals | Amount |
|--------------|--------|-------------|--------|
| | | | |

6. Amount collected: Rs.

7. Receipt No.

Signature of Resident Warden

Date:

Note: Hostel accommodation above two days should get approval from **the Chief Warden**

AMRITA VISHWA VIDYAPEETHAM
COIMBATORE-641112
Application to Vacate the Hostel for Internship

Name of School : Date:

Name of the Hostel :

Name of the Student with Roll number :

Branch and Year of Study :

Duration of Internship :

Details of Internship :

Bank account details update in CMS in case of refund: Yes / No

Signature of the student :

Contact no. of the student :

Parent Signature :

(For resident warden use only)

Student current hostel Joined Date...../...../20.... Vacated Date...../...../20....

Hostel stay for meeting the Guide/ Reviews

1. Reported Date...../...../20.... Vacated Date...../...../20.... No. of days.....
2. Reported Date...../...../20.... Vacated Date...../...../20.... No. of days.....
3. Reported Date...../...../20.... Vacated Date...../...../20.... No. of days.....
4. Reported Date...../...../20.... Vacated Date...../...../20.... No. of days.....
5. Reported Date...../...../20.... Vacated Date...../...../20.... No. of days.....

Total no. of days stayed in the hostel:

Fee Paid Details (2022-2023)

Hostel Rs.....Date:...../...../20.... Mess Rs..... Date:...../...../20....

Signature of Resident warden with Seal

Signature of Chief Warden

AMRITA VISHWA VIDYAPEETHAM
COIMBATORE-641112
Hostels

Application to Vacate Hostel for Internship at Amritapuri / Bengaluru campus

Name of School : Date:

Name of the Hostel :

Name of the Student with Reg. No :

Branch and Year of Study :

Duration of the internship:

Internship company details :

Date of vacating the Hostel :

Vacated date..... /...../.....

Signature of resident warden

Hostel/Mess Fee Paid for full year / one semester (✓)

Signature and Contact no. of the student :

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 hostel 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

Form -010

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 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