

AMRITA VISHWA VIDYAPEETHAM
Coimbatore -641 112

Annexure-001

APPLICATION FOR ADMISSION TO HOSTEL

(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 : Male / Female Blood group : annexure

Student Contact no : Date of Joining:

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

***Note:** The affidavit has to be submitted within one week of the joining date.

(Space for office use only)

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

Signature of Chairman-Council of Wardens

***Note: The affidavit has to be submitted within one week of the joining date.**

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

**AMRITA VISHWA VIDYAPEETHAM
COIMBATORE-641112**

Annexure-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.:

Recommendation from Chairperson with date and seal:

Bank account details in case of refund:

A/c Holder name :

A/c Number :

IFSC Code :

Branch :

(For resident warden use only)

Student Joined Date...../...../20.... Vacated Date...../...../20....

Fee Paid Details

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

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

Signature of Resident warden with Seal

(For office use only)

**An amount of Rs..... /- to be refunded. Amount in words Rupees.....
..... only.**

Signature of Chairman-Council of Wardens

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

Annexure-003

Name:

Date:

Designation:

Emp. ID:

Department:

Address:

Proposed date of joining:

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

Email ID.....

Name of the Guide:

Email ID and Contact number of the Guide:

(Affix your recent
passport size
color photograph
here)

Signature of applicant with date

Signature of the Head of the Department

For Hostel office use only

Type of accommodation given:

Bath attached room
(₹4500)

Single Room
(₹3200)

Shared Room
(₹2200, ₹2600,
₹1800, ₹1100)

Accommodation Payment:

Through Challan

Salary
deduction

No charges

Room No is allotted in Bhavanam Hostel.

Signature of the Resident Warden

Signature of Chairman-Council of Wardens

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

Signature of the Head of the Department

For Hostel office use only

Name.....Room No is vacated fromBhavanam

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

Signature of Chairman-Council of Wardens

**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 Chairman-Council of Wardens

**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 Chairman-Council of Wardens

**AMRITA VISHWA VIDYAPEETHAM
COIMBATORE-641112**

Application to Vacate Hostel for Internship

Name of School :

Date:

Name of the Hostel:

Name of the Student with Reg. No :

Branch and Year of Study :

Duration of Internship :

Details of Internship :

Details of Bank account in case of refund:

Name of Account Holder :

Name of the Bank & A/c No. :

Branch :

IFSC Code :

Signature and Contact no. of the student :

Recommendation from Chairperson with date and seal:

(For resident warden use only)

Student Joined Date...../...../20.... Vacated Date...../...../20....

Fee Paid Details (2019-2020)

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

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

Signature of Resident warden with Seal

Signature of Chairman-Council of Wardens

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 :

Recommendation from Chairperson with date and seal:

Signature of Chairman-Council of Wardens

**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:

Relationship with student:

Recommendation from chairperson with seal:

Details of Bank account in case of refund:

A/C Holder name :

A/C Number :

IFSC Code :

Branch :

(For office use only)

Student Joined Date...../...../20... Vacated Date...../...../20...

Fee Paid Details

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

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

Signature of Resident warden with Seal:

Signature of Chairman-Council of Wardens

**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.....

Recommendation from Chairperson with date and seal:

Signature of Chairman-Council of Wardens

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:

Recommendation from Chairperson with date and seal:

Office use only

Disciplinary details:

Academic performance (Based on CMS report):

Name of the hostel:

Signature of Chairman-Council of Wardens