

Application No.

Admission No.

Date

Date



# KOSHYS GROUP OF INSTITUTIONS

Affix  
recent  
passport size  
PHOTO



## APPLICATION FOR HOSTEL

Name of the Applicant (IN BLOCK LETTERS AS IN MARKS CARD)

Date of Birth  
in figures

Place of Birth

Date of Birth  
in words

Age

Gender

 Male Female

Marital Status

 Married Single

Details

Father

Mother

Guardian (if any)

Name

Occupation

Annual Income

Phone - Office  
with STD/ISD codes

Phone - Residence  
with STD/ISD codes

Mobile Number

Permanent Address

Correspondence Address

PIN

PIN

Local Guardian's Name	<input type="text"/>	Affix recent Photo of Guardian
Relationship with the student	<input type="text"/>	
Guardian's Address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	

Whether the student has stayed in Hostel before	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If Yes, Name & Address of the Hostel	<input type="text"/>
	<input type="text"/>

Blood Group	<input type="text"/>	Height	<input type="text"/>	Weight	<input type="text"/>	Susceptible to Breathing Problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Allergic to	<input type="text"/>
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Any other (Please Specify)	<input type="text"/>
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Medical History	<input type="text"/>
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(IF UNDER TREATMENT FOR ANY AILMENTS, PLEASE SPECIFY)	<input type="text"/>
	<input type="text"/>

<b>DECLARATION</b>	I will obey and follow all the rules and regulations of the college hostel.
	SIGNATURE OF THE CANDIDATE
I assure you that we will obey and follow all the rules and regulations of the collegel hostel. I request that he / she may be admitted to the college hostel.	
Course applied for.....	
Place .....	Date.....
	SIGNATURE OF THE PARENT/GUARDIAN

**For Office Use Only**

Fee Receipt No.	<input type="text"/>	Date	<input type="text"/>
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Room No.	<input type="text"/>	Block No.	<input type="text"/>
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Initials of the clerk	<input type="text"/>
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Signature of the Administrator / Warden	<input type="text"/>
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