

SIKSHA 'O' ANUSANDHAN UNIVERSITY
INSTITUTE OF TECHNICAL EDUCATION & RESEARCH
Jagamohan Nagar, Jagamara, Khandagiri, Bhubaneswar-30

Recent
Passport Size
color
photograph

FORM FOR HOSTEL ADMISSION

1. Name of the Hostel where admission is sought
2. Name of the Student
3. Male / Female
4. Father's Name
5. Mother's Name
6. Name of the legal guardian (If parents appoint)/ Contact person in case of emergency
7. Permanent Address

Phone Number (With STD Code)
8. Present Address / Correspondence Address
9. Date of Birth & age on 01.08.2010
10. Category- SC/ST/OBC/GEN
11. Rank No (SAAT/ AIEEE)
12. Distance of Present Residence from Bhubaneswar (in kms):
13. Branch in which admitted
14. Registration Number

For office use only

Selected – Yes/No

Hostel dues charged Yes/No

Allotted Room No

Allotted Bed No

Objection if any

Signature of Hostel Superintendent

Under taking by the student

I shall abide all the rules and regulation of hostel and the rules frame by the Superintendent time to time. I shall not involve in any kind of ragging inside of outside or outside the hostel and shall maintain strict discipline of the hostel. In case of any indiscipline act I will abide by the decision of the Hostel Superintendent and Institutes authority.

Full signature of the candidate

Undertaking by the parents / Father / Mother & Legal Guardian

I have no objection keeping my son / daughter / ward in the Hostel. If he/she violets any of the rules made by the Superintendent he/she may be expelled from the hostel without any information to me.

Full and short signature of parents / Legal guardian

Documents to be attached

- a. One self attested passport size photograph
- b. Xerox copy of H.S.C. / S.S.C. certificate
- c. Xerox copy of admit card
- d. Xerox copy of Money Receipt (for Clearing Hostel dues)

List of Local Guardians and Visitors

1. Name of the Boarder
2. Branch & Roll No.
3. Name of Legal guardian
4. Correspondence Address

Telephone No. With STD code

5. Name of local Guardian (1)
Relationship
Correspondence Address
(With Phone No)

6. Name of local guardian (2)
Relationship
Correspondence Address (with Phone No)

7. Name of the visitors with relationship:
 - Visitor 1
 - Visitor 2
 - Visitor 3

8. Approval of the parents / Legal guardian

The above persons have been appointed as the local guardians and visitors for my ward during her stay in the Hostel.

Full and short signature of the parents / Legal guardians

Signature of the Hostel Superintendent