

HO	STEL ADMISSION	Academie	c Year: 20	Passport size				
1) Form	IE FORM CAREFULLY BEFORE FILLI should be filled in English in block lett pplete forms will not be accepted.	-		photograph				
Personal Details Of The Candidate								
	(Surname / Title) (Fin	rst Name)	(Father's Name)					
Name:				Male: Female:				
Date of Birth	n: D D / M M / Y Y Y	Aadhaar N	0.:	Blood Group:				
Nationality:		Religion:		Category				
PRN No.		Roll No.		Div.				
0.1	- N.							
School/Fac	cuity :		Program/Course :					
PAN No :	nail		Mobile No.					
Students Er Parent's Na								
Permanent	Address							
Parent's Co	ntact No. Mobile:		Emergency Contact:					
Occupation	of Parents (If Service Address of firm with Pho	one No.)						
Parents An	nual Income (Rs.)							
Local Guar	dian Name (if any):							
Address an	d Contact No.:							
s your Father	/ Mother a Central Govt. Nominee? : Yes	s 📃 N						
re you Physi	cally Handicapped? : Yes	s N	lo					
o you have	Chronic Health Problem? : Yes	s N	lo					

Examination	Month and Yearof Passing	Name of Board of Examination	Name of the School / College Attended	Name of the State/Country where School/College located	% Marks Obtained
SSC					
HSC					
Diploma					
Bachelor's Degree					
Any Other					

I Mr. / Ms. certify that the information given above is true andcorrect to the best of my knowledge. I accept that if any information is found to be false; I shall be responsible for the same and I will beliable for a disciplinary action as considered appropriate by MIT-WPU.

I have carefully read all the rules of hostel given. I will have the co-ordeal and friendly relations with all the students. I will not carry any prohibited activities inside the Hostel/University premises. I will not indulge in any kind of ragging in hostel, college premises. I am fully aware that if I get caught in such action, a strict disciplinary action will be taken against me including fine, rustication from hostel /college or even lawful action if necessary. I hereby agree to abide by them.

Signature of the applicant:

Name:

Class and Branch:

Place:

Faculty:

Date :

Undertaking By The Parent

I/WeMr./Ms. am /are parent(s) guardian of Mr. / Ms. I/We have carefully read all the above rules about the hostel. I / We fully agree with the above rules and the statement given by my Son / Daughter / Ward. I/We also accept that a strict disciplinary action will be taken against my/our ward if he / she is found involved in ragging, consuming alcoholic drink or drug / smoke inside the hostel /college premises. I

Signature of Parents / Guardian

Place:

hereby agree to abide by the above.

Name:

FOR OFFICE USE

Mr./Ms.	. is admitted in the MIT-WPU Hostel. He /She is allo	tted with Room no.
at	Hostel.	
	Hostel Address Star	np

Date: / 20 /