

BITS Pilani, Dubai Campus

APPLICATION FOR STUDENT HOSTEL

FRESH APPLICANT

Academic Year - 2017-2018

Paste photograph here

Name: _____

Sex: M / F Nationality _____ PP No _____

Blood Group: _____ Visa Status: BITS/Others, Specify, _____

Emergency Contact No & Name: _____

PARENT DETAILS

Name of the Parent _____

Designation: _____

Address _____

Ph (Off): _____

Ph (Res): _____

Mobile: _____

Email: _____

LOCAL GUARDIAN DETAILS

Name of the Guardian _____

Designation: _____

Address _____

Ph (Off): _____

Ph (Res): _____

Mobile: _____

Email: _____

1. Are you suffering from any chronic disease?:

If yes, details: _____

2. Are you under any regular medication? If yes, details _____

I am aware that any changes in the details provided above will be informed immediately to the Institute.

I have read the following documents fully and I confirm full acceptance to the same.

a) Terms & Conditions of Hostel Contract

b) Anti-Ragging Undertaking

I request for providing hostel accommodation.

Signature of Student

Counter Signature of Parent

FOR OFFICE USE

The candidate is admitted to _____ and has paid all required fee.

His/ Her ID no. is _____

Sr. Manager - Admissions

Hostel Allotted

Hostel Block:

Room No:

Signature of Hostel Warden _____

Signature of Chief Warden _____

Date: _____

