

T K M COLLEGE OF ENGINEERING HOSTEL

KOLLAM – 691 005



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APPLICATION FORM FOR HOSTEL ADMISSION

Instructions:

- Please fill all boxes/columns properly. Incomplete applications will not be considered.
- Application forms without signatures/recommendations of advisor, senior advisor, and HOD will not be considered.

1	Name in full (BLOCK LETTERS)			
2	Semester, Branch and Roll No.			
3	Age & Date of birth		Gender	Male/Female
4	Whether belonging to SC/ST/OEC/General (specify)			
5	Address for correspondence (with PINCODE)			
6	Mobile number of the applicant			
7	Details of Parent			
	Name			
	Relationship with the applicant			
	Occupation of the parent			
	Address of the parent for communication (with PINCODE)			
	Contact Number of parent : (a) Landline (b) Mobile			
8	Details of Local Guardian, if any			
	Name of the Local Guardian			
	Relationship with the applicant			
	Occupation of the local guardian			

	Address of the local guardian (with PINCODE)		
	Contact Number of Local guardian : (a) Landline (b) Mobile		
9	Whether any disciplinary action was taken against the applicant earlier (if so, give details)		
10	Name of Hostel in which the applicant is presently staying (with room number)		
11	Any dues to be cleared:	i) Hostel: Yes/No	ii) College: Yes/No
12	Important land/mobile numbers of contact in case of any emergency	1. 2. 3.	

13.

Declaration by the Applicant

I hereby swear that I shall obey the rules, regulations and orders of the hostel authorities during my stay in the hostel. I shall help maintain discipline in the hostel, and pay my hostel dues in time. I shall obey all instructions/actions from the Warden in all matters related to my stay in the hostel and will not leave the hostel without official permission. I declare that all information given above are true and correct to the best of my knowledge. I know that my application will be rejected if any information is found to be incorrect.

Station :

Signature of the applicant

Date :

14.

Declaration by the Parent

I Father/mother/guardian of

do undertake that my ward will abide by his/her declaration signed above and assure that I will be responsible for all actions of my ward during his stay in the hostel. I know that he/she has to vacate the hostel immediately, if found/reported guilty, by the Warden in matters related to indiscipline and violation of hostel rules.

Station :

Signature of the parent/guardian

Date :

13. Recommendations of the Senior Advisor and Head of the Department

Senior Advisor

HOD

Recommended/ Not Recommended

Recommended/ Not Recommended

(Comments, if any)

(Comments, if any)

Name & signature of the Sr. Advisor

Name & signature of the HOD

FOR OFFICE USE ONLY

Ref. No:

Receipt No:

Admitted to:

Room No:

Signature of faculty in charge of admission

Hostel Accountant/Clerk