**INSTITUTE OF HOTEL MANAGEMENT AND CATERING TECHNOLOGY - THIRUVANANTHAPURAM**

APPLICATION FOR HOSTEL ( II YEAR 2018-2019)

**Download , fill up and send this application form to administration@ihmctkovalam.org**

**( Eligibility conditions : 1) - 90 % of Attendance in SEM 1 & 2 together during 2017-18**

**2) - No Disciplinary issues reported by the warden/ Faculty / staff. )**

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| --- |
| Name of the Student : |
| Admission No : Category (General /OBC/SC /ST) : |
| **Percentage of attendance secured :** |
| Mobile No : Email ID : |
| Are you under treatment for any disease. If yes give details : |
| Are you involved in any disciplinary reports  submitted by the Warden/ Faculty: YES / NO |
| Name & Address of the Parent :  Cell No :  Email ID : |
| Name & Address of the Local guardian:  Cell No: |
| I Have Paid Rs. \*\*29000/ - ; Rs.25,000/- ;  (**Rs. 7500/ for SC/ST students belonging to Kerala. Difference will be adjusted from E-Grants**) vide -------------------------------at ------------------------------- Bank .......................................on ..........................: Transaction ID:.................................................................. |
| Payment to be made into :-  INSTITUTE OF HOTEL MANAGEMENT AND CATERING TECHNOLOGY  Account number: 1620800709; IFSC: CBIN0284160; CENTRAL BANK OF INDIA; BRANCH: IHMCT |

\*I understand that in case of discontinuation or vacating from the hostel on any account, the refund of Hostel Caution Deposit will be made only at the end of the academic year.

\* I understand that permission to stay will be given only on production of the Hostel Fee Remittance slip / receipt to the Warden.

\* I hereby agree to obey the rules and regulations of the Hostel.

\*\* By those who have not paid the Hostel Caution Deposit

Signature

**Office Use**

Allotment: YES/NO Room No:

Hostel Fees Rs:\_\_\_\_\_\_\_\_\_\_ Receipt No & Date :

**Hostel Warden Accountant HOD**

**PRINCIPAL**