**INSTITUTE OF HOTEL MANAGEMENT AND CATERING TECHNOLOGY**

**KOVALAM, THIRUVANANTHAPURAM**

APPLICATION FOR HOSTEL ( III YEAR 2019-2020)

**Download , fill up and send this application form only to** [**hostel@ihmctkovalam.ac.in**](mailto:hostel@ihmctkovalam.ac.in)

**Eligibility : - 95 % of Attendance in SEM 3 or 4 during 2018-19**

**- 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: |
| Payment to be made into :-  INSTITUTE OF HOTEL MANAGEMENT AND CATERING TECHNOLOGY  Account number: 1620800709; IFSC: CBIN0284160; CENTRAL BANK OF INDIA; BRANCH: IHMCT |
| Fees Payment Details : I Have Paid Rs. 54000/- ; Rs.50,000/- ; (Rs. 15,000/ for SC/ST students belonging to Kerala and eligible for E grantz ) vide ---------------------------------------------at --------------------------------------------------- Bank .......................................on ......................................UTR No: |

\*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.

Signature

**Office Use**

Allotment: YES/NO Room No:

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

**Hostel Warden Accountant HOD**

**PRINCIPAL**

Cc: OS/ Hostel warden/Hostel file