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

 APPLICATION FOR HOSTEL (II YEAR –Semester IV-2019-2020)

**Download, fill up and send this application form only to** **hostel@ihmctkovalam.ac.in**

 **Eligibility: - 95 % of Attendance in SEM 1 and 2 together 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 of Parent :  Address : Cell No : Email ID : |
| Name & Address of the Local guardian:Cell No:Email ID :  |
| **Payment to be made into :-** **INSTITUTE OF HOTEL MANAGEMENT AND CATERING TECHNOLOGY****Account number: 1620800709; IFSC: CBIN0280939;** **CENTRAL BANK OF INDIA; BRANCH: KOVALAM** |
| Hostel Fee to be paid  a)Rs. 29000 for fresh applicant (25000+4000 caution deposit) b)Rs. 25000 for previous hostelites c)Rs. 7500 for SC/ST students belonging to Kerala. Difference will be adjusted from E-Grantz  |

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

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

Signature

 **Office Use**

**1) Hostel fee : Room No.**

**2) Transaction ID: OS**

**3) Name of Bank :**

**4) Date of payment :**

 **AAO**

**Cashier Warden**

 **PRINCIPAL**