**INSTITUTE OF HOTEL MANAGEMENT AND CATERING TECHNOLOGY**

**KOVALAM, THIRUVANANTHAPURAM**

**(Application for Hostel should be send only to** **hostel@ihmctkovalam.ac.in** **)**

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| **COURSE : DIPLOMA IN FOOD PRODUCTION (2019-2020)** |
| **Name of the Student :** |
| **Admission No : Category (General /OBC/SC /ST) :**  |
| **Mobile No : Email ID :** |
| **Are you under treatment for any disease? If yes give details :** |
|  |
| **Name & Address of the Parent :** **Cell No :** **Email ID :** |
| **Name & Address of the Local guardian:** **Cell No:**  |
| **Hostel Fees Payment : I Have Paid Rs. 50000/- + Rs.4000/- (Caution Deposit) (Rs. 15,000/ + Rs. 4000/-(Caution Deposit) for SC/ST students belonging to Kerala and eligible for E grantz ) vide ---------------------------------------------at --------------------------------------------------- Bank .......................................on ......................................UTR No:** |
| **Payment to be made into :-** **INSTITUTE OF HOTEL MANAGEMENT AND CATERING TECHNOLOGY****Account number: 1620800709 IFSC: CBIN0284160** **Bank : 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.

 Signature

**Office Use**

Hostel Fees Rs:\_\_\_\_\_\_\_\_\_\_ Receipt No & Date :--------------- Room Number :

Furniture’s Issued : Cot / Table / Chair / Almirah

**Hostel Warden Accountant HOD Principal**