होटल प्रबंधन और खानपान प्रौद्योगिकी संस्थान

(पर्यटन मंत्रालय, भारत सरकार)

कोवलम, तिरूवनन्तपूरम, केरल

INSTITUTE OF HOTEL MANAGEMENT AND CATERING TECHNOLOGY

(MINISTRY OF TOURISM, GOVERNMENT OF INDIA)

KOVALAM, THIRUVANANTHAPURAM, KERALA

संदर्भ:आई एच एम सी टी:प्रशा:18:2025: दिनांक: 03.11.2025

NOTICE

Sub : Application for Hostel Facilities for the Year 2025-26 for Students of Semester IV

Applications are invited from Semester IV students (2025-26) for hostel facilities for the year 2025-26 in the attached performa. The prescribed application form can also be downloaded from the website or may be obtained from the hostel warden.

Last date to submit duly filled in application is - 20.11.2025 (Wednesday)

Note - Scanned copies of applications can also be sent by email (hostel@ihmctkovalam.ac.in)

सुनिल इग्नेशियस / **SUNIL IGNATIOUS**

प्रशासनिक तथा लेखा अधिकारी /

ADMINISTRATIVE-CUM-ACCOUNTS OFFICER

cc to : HOD/Accountant / OS/ /Hostel Wardens/Notice Board/I19 file

होटल प्रबन्ध और खानपान प्रौद्दोगिकी संस्थान

कोवलम, तिरूवनन्तपूरम, केरल

INSTITUTE OF HOTEL MANAGEMENT AND CATERING TECHNOLOGY
KOVALAM, THIRUVANANTHAPURAM, KERALA

Photo

Application Form for Hostel- 2025-2026

BSC H&HA Semester IV

1. Please fill up the Application in CAPITAL LETTERS.
2. Last date to submit duly filled in application is - **19-11-2025 (Wednesday).** Duly filled in Application form can also be emailed to hostel@ihmctkovalam.ac.in.
3. Priority in allotment will be based on the physical distance of the residence of the Student from the Institute as well as the conduct/discipline of the Student in preceding year (s), if stayed previously in Hostel of the institute.
4. Current Hostel fee is Rs. 7500/-per month (includes messing charges), subject to subsequent revision.

NAME OF STUDENT	Mr./Ms.
ADMISSION NUMBER	
MOBILE NUMBER OF STUDENT	
EMAIL ID OF STUDENT	
BLOOD GROUP OF STUDENT	
ADDRESS	
ARE YOU UNDER TREATMENT FOR ANY DISEASE? IF YES, GIVE DETAILS	YES / NO
FOOD PREFERENCE	VEG / NON - VEG
NAME OF PARENT: MOBILE NUMBER OF PARENT: EMAIL ID OF PARENT :	

1. I have read the rules and regulations of the Hostel printed overleaf and hereby agree to obey the same.
2. I agree that in the event of any withdrawal of the allotted Hostel seat, refund of Hostel caution deposit will be given only at the end of the course.

Signature of Parent

Signature of Applicant

Date

Office Use

HOSTEL FEES :PAYMENT DETAILS
AMOUNT -
UTR NUMBER :
DATE OF PAYMENT:
NAME OF BANK:
REMITTERS NAME:
Receipt Number and Date:

UDC Cash **Admn. Cum Accts Officer** **Principal**

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Room No: Warden: