



ANNA UNIVERSITY REGIONAL CAMPUS – TIRUNELVELI
TIRUNELVELI – 627 007
HOSTEL ADMISSION FORM

Phone Dir : 0462-2554055

Office: 0462 – 2551298

Thamirabharani Girls Hostel (Choose appropriate admission mode)		Pothigai Boys Hostel (Choose appropriate admission mode)		Application Number
General Counseling	Govt. 7.5 % reservation	General Counseling	Govt. 7.5 % reservation	

1. Name of the Student :
(in BLOCK letters as in X Marksheet)
2. Gender : Male / Female
3. Status : Single / Married
4. Parents name :
5. Date of Birth (DD/MM/YYYY) :
6. Course (UG / PG) :
7. Department / Branch :
8. Year of study :
9. Roll / Register Number :
10. If any sibling / relative studying in the same institute Name:
Department/Branch/Year:
11. Address of PARENT (in BLOCK letters) who will be responsible for remitting your Hostel fees and Address to which communication are to be sent with pincode (mandatory) :
12. Contact Numbers Student:
Father:
Mother:
13. Local Gaurdian (if any) (Must for Girl student) Name:
Relationship:
Address:
Contact No.:
14. Community OC / BC / BCM / MBC / DNC / SC / ST (Attach Proof, except OC)

Affix your recent
passport size
photograph

DECLARATION BY THE STUDENT

I, hereby declare that the above furnished details are true to the best of my knowledge and assure that I will accept and abide by the rules and regulations of the hostel. If my conduct, during my stay is found unsatisfactory, due to my negligence, misbehavior and indiscipline, I agree that I will abide by the decision taken by the hostel authorities. I will immediately vacate the hostel, if ordered to do so.

Signature of the student

DECLARATION BY THE PARENT

I have permitted my ward to join in the hostel of this institution and thereby is responsible for his/her conduct and obedience as laid down in the Hostel rules and regulations and any changes made from time to time. I also state that the details given by him/her in this application are correct. I will be personally responsible for the payment of all the hostel fees etc. payable by him/her on or before the due date.

Date: _____

Place: _____

Signature of the Parent

DEPUTY WARDEN

EXECUTIVE WARDEN

DEAN / WARDEN

Encl. : Provisional Allotment order, Hostel Fee paid receipt, Mess Fee paid receipt.

FOR OFFICE USE ONLY

Room Allotted: _____ Ground Floor / First Floor (tick appropriate)

Date of Enrollment: _____ Academic Year: _____

Amount Paid: Rs. _____

Signature of Hostel Staff

Office Seal