



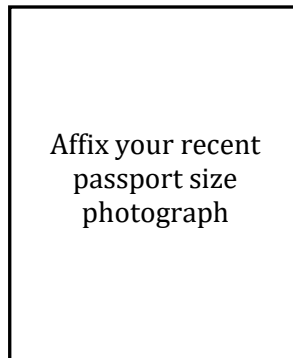
**ANNA UNIVERSITY REGIONAL CAMPUS – TIRUNELVELI**  
**TIRUNELVELI – 627 007**  
**HOSTEL RE-ADMISSION FORM**

Phone Dir : 0462-2554055

Office: 0462 – 2551298

<b>Thamirabharani Girls Hostel</b> (Choose appropriate admission mode)		<b>Pothigai Boys Hostel</b> (Choose appropriate admission mode)		<b>Register Number</b>
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 (must) :
12. Contact Numbers Student:  
Father:  
Mother:
13. Local Gaurdian (if any) Name:  
Relationship:  
Address:  
  
Contact No.:
14. Community OC / BC / BCM / MBC / DNC / SC / ST (Attach Proof, except OC)



**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**

**Signature of the Class Advisor**

**Recommended by Head of the Department**

**DEPUTY WARDEN**

**EXECUTIVE WARDEN**

**DEAN / WARDEN**

**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**