

INSTITUTE OF HOTEL MANAGEMENT, CATERING TECHNOLOGY & APPLIED NUTRITION, MUMBAI
Veer Sawarkar Marg, Dadar West, Mumbai 400 028. Telephone No. 022-24457241/42

The Principal
I.H.M.C.T.A.N.,
Mumbai-400028.

APPLICATION FORM FOR HOSTEL

AFFIX A
PASSPORT
SIZE
PHOTOGRAPH
HERE

<u>SEMESTER</u>			
III	IV	V	VI

Respected Sir/Madam,

I, Mr. /Ms..... would like to apply for Hostel Accommodation for the academic Year 20... / 20.....mob no E mail id.....

Semester Marks..... / Marks%.....No. of ATKT (if any)Attendance %..... (Min 80%)

Father's Name.....Mob. No.....

Father's Occupation.....Designation.....

Father's Email.id.....Signature.....

Mother'sName.....Mob .No.....

Mother'sOccupation.....Designation.....

Mother's E mail idSignature.....

Residential(Home)Address:.....

.....

.....State.....

Pin code.....

I have received a copy of the Hostel Rules and Regulations and having read and understood fully, I agree to abide by the same. In case of failure on my part to abide by the rules, the college is at liberty to take any disciplinary action against me including expulsion from the hostel without any notice. On being thus expelled, I will report to my local guardian and he/she will be responsible for my stay and other things.

I understand that I have to vacate the hostel immediately, in case I fail in my first or second year National Council Annual Examination.

(STUDENTS WHO HAVE LESS THAN 80% OF ATTENDANCE WILL NOT BE GIVEN HOSTEL ACCOMMODATION)

I would be highly obliged if you consider my application favorably and allot me accommodation in the hostel.

Date: Signature of the Applicant.....

Place: Name of the Applicant.....

UNDERTAKING FROM LOCAL GUARDIAN

(A relative/family friend (of the student) who is residing in Mumbai can become the Local Guardian).

Local Guardian's Name:Mr./Mrs./Ms.....

Relationship with the student:.....(Paternal/Maternal/Family Friend)

Residential Address of L.G:.....

.....

.....

Tel No:..... E Mail id..... Mob: No.....

Occupation:..... Designation:.....

Official Address.....

.....

Tel.No..... E mail id..... Mob.no.....

I, the undersigned do hereby undertake complete responsibility of Mr.....while he is a hostelite.

We further undertake to pay by way of fine or make good any loss caused by him on the Institute's premises by way of recovery in case of damage accidentally or otherwise caused by him to the property of the Institute or the property/ belonging to other hostelites/students. I agree that in the interest of maintaining discipline and decorum, the decision taken by the College authorities will be binding on my ward without any questioning whatsoever.

In case of major sickness/hospitalization, I, the local guardian undertake to reach the hostel/hospital immediately on intimation and take charge of my ward. In case of ward suffering from any contagious disease, he has to vacate the hostel immediately and he will be allowed to stay in the hostel only on producing a fitness certificate from the doctor concerned.

Furthermore, I understand that my ward, on being expelled from the hostel, on disciplinary grounds, I will take complete responsibility of the ward and will make necessary arrangements for his stay, meals etc.

Signature of Local Guardian.....

Name.....Date:.....

In case of change in local guardian or his/her address, the same must be intimated to the college/hostel authorities immediately.