Krupanidhi Group of Institutions#12/1, Chikkabellandur, Carmelaram Post, Varthur Hobli, Bangalore - 560 035 | www.krupanidhi.edu.in **HOSTEL ADMISSION FORM Passport Photo** of the Applicant ROOM No: APPLICATION NO.: **COURSE ADMITTED TO:** YEAR: 1. Name of the applicant (in block letters) Male Female 2. Date of Birth dd mm уууу 3. Mother Tongue 4. Address for Communication Tel/Mobile..... 1. Father's Name Passport Photo 1. Mother's Name of the Father & Mother together 4. Permanent Address Tel/Mobile..... 4. Name of the Local Guardian **Passport Photo** 4. Local Guardian of the Guardian Address

Mobile.....

Landline :....

4. In case of Emergency :

■ UNDERTAKING

I hereby declare that I have read the rules and regulations of this hostel and fully understood and I promise to abide by them. I have understood that in the event of my violation of any rules and regulations, I am liable to be immediate expelled from the Hostel. I also promise to pay my full fees before the due date. I acknowledge fees once paid will not be refunded under any circumstances. I also accept to complete one full year in the hostel & in case of discontinuation, I promise to pay the full (12 months) hostel fees without fail.

| Place: Date: | Signature of the Applicant |
|---|----------------------------|
| | |
| Signature of the Parent (Father/Mother) | Signature of the Guardian |

Verified and Found correct

The Candidate may / may not be admitted to Hostel

Admission Committee

| The bandidate may / may not be admitted to hoster | Authosion committee |
|---|---------------------|
| For Office Use only | |
| Admitted on | Room No |
| Hostel Fee Collected Rs | |
| Receipt No.: | Date |
| | |
| | Director |