



# INSTITUTE OF BUSINESS MANAGEMENT & TECHNOLOGY

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## Residential Accommodation Form

Name : \_\_\_\_\_

Course / Year : \_\_\_\_\_

Father's / Guardian's Name : \_\_\_\_\_

Permanent Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel / Fax : \_\_\_\_\_

Local Guardian's Name & Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel / Fax : \_\_\_\_\_

Mobile No : \_\_\_\_\_

E-mail : \_\_\_\_\_

Choice of meal : Veg / Non - Veg

PHOTOGRAPH

### DECLARATION

**Certified that all the information given is true to the best of my knowledge. I undertake to abide by all the rules and regulation of the hostel.**

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of the student

### FOR OFFICE USE ONLY

Name of the Lodging : \_\_\_\_\_

Roll No. : \_\_\_\_\_

Signature of the warden: \_\_\_\_\_

Date: \_\_\_\_\_