



INSTITUTE OF BUSINESS MANAGEMENT & TECHNOLOGY

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Residential Accommodation Form

Name : _____

Course / Year : _____

Father's / Guardian's Name : _____

Permanent Address : _____

Tel / Fax : _____

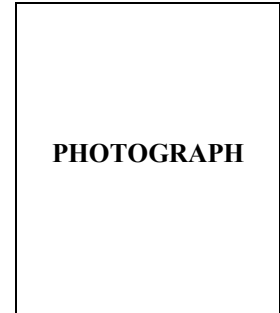
Local Guardian's Name & Address _____

Tel / Fax : _____

Mobile No : _____

E-mail : _____

Choice of meal : Veg / Non - Veg



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: _____