

# INDIAN INSTITUTE OF TECHNOLOGY BHUBANESWAR.

(ARUGUL, JATNI, KHORDHA - 752050.)

### **HOSTEL ADMISSION FORM**

(Use in Capital Letter)

Paste Your Recent Colour Passport Size Photograph here. Do not Staple

NAME OF THE HOSTEL:							
NAME:							
AGE:							
GENDER:							
DATE OF BIRTH:							
DEPARTMENT:							
JEE ADV.REGISTRATION NO.:							
ROLL NO.:							
ROOM NO.:							
PARENT'S/GUARDIAN'S							
NAME:							
PARENT'S CONTACT NO:							
OCCUPATION OF YOUR FATHER							
(GIVE DETAILS):							
PERSONAL CONTACT NO:							
BLOOD GROUP:							
IDENTIFICATION MARK:							
PAST MEDICAL HISTORY:							
(ONLY DECLARATION STUDENT OR IF ANY)							
RECENT DISEASE HISTORY							
(Within Past 12 Months):							
SPECIFY (Put tick √)	VEG NON-VEG		VEG WITH EGG				
Category (Put tick √)					•	I	
	GENERAL	E	WS	OBC	SC	ST	PWD



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### **Emergency Contact**

<b>Local Guard</b>	ian (if any):						
Name:							
Address:							
Dist.:		State:	PIN:				
Contact No:	: 1-Land line	number:					
	2-Mobile No:						
	3-Email id of local Guardians:						
<b>Guardian's</b>	<u>Details:</u>	(Use in Capital Letter)					
Name:							
Address:							
Dist.:		State:	PIN:				
Contact No: 1-Land line Number:							
	2-Mobile No:						
	3-Email id of Guardians:						
I hereby declare that all the details furnished above are true and to the best of my knowledge. I also promise to abide by all the rules and regulations of the hostel. In case of any violation of rules by my part I will be liable to be fined /punished.							
(Parent's Sig	gnature)		(Student's Signature)				
Date:			Date:				

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#### INDIAN INSTITUTE OF TECHNOLOGY BHUBANESWAR.

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## (Use in capital letter)

Name of the Student:	
Roll Number:	
Branch	
Year	
Room Number	
Email id	
Name of	
Supervisor/Guide/	
Faculty Advisor	
•	

#### **OFFICE USE**

#### **ITEMS ISSUED**

SL.NO	NAME OF THE ITEMS	QNTY	NUMBER	KEY NUMBER
1	BED			
2	WALL CUP BOARD			
3	STUDY TABLE			
4	STUDY CHAIR			
5	CEILING FAN			
6	TUBE LIGHT			

(Signature	of the	Student)
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Date:



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#### REMARKS AND OBSERVATION AFTER OCCUPING THE ROOM IF ANY

1.		
2.		
3.		
4.		
5.		
6.		
(Signature of the Student)		
Date:		

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