

INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY AND APPLIED NUTRITION, KOLKATA**HOSTEL ACCOMODATION SLIP FOR SESSION:** _____

(Tick the appropriate box)

BOYS GIRLS B.Sc M.Sc

PASTE 01 RECENT P.P
SIZE PHOTO HERE AND
CARRY 01 FOR
SUBMISSION

STUDENT'S NAME: _____

JEE ROLL NO (FOR 1ST SEM ONLY) _____ NCHMCT ROLL NO _____

STUDENT'S PHONE NUMBER _____ STUDENT'S E-MAIL ID _____

STUDENT'S BLOOD GROUP _____ FATHER'S NAME _____

FATHER'S ADDRESS _____

MOTHER'S NAME _____

MOTHER'S ADDRESS _____

FATHER'S PHONE NUMBER _____ MOTHER'S PHONE NUMBER _____

REGISTERED PHONE NUMBER FOR OFFICIAL COMMUNICATION _____

(SHOULD BE SAME AS EITHER OF FATHER'S OR MOTHER'S PHONE NO)

LOCAL GUARDIAN'S NAME _____

LOCAL GURDIAN'S ADDRESS _____

LOCAL GUARDIAN'S PHONE NUMBER _____

PARENT'S SIGNATURE

STUDENT'S SIGNATURE

WARDEN'S SIGNATURE

ALLOTTED ROOMS (FOR OFFICE USE ONLY)

SEMESTER	1 ST	2 ND	3 RD	4 TH	5 TH	6 TH
ROOM/BUILDING						
DATE OF ALLOTMENT						
WARDEN SIGN						

- All official communication should be done through registered phone number only.
- Change of address, phone number should be intimated to authority immediately.