



भारतीय प्रौद्योगिकी संस्थान भुवनेश्वर
INDIAN INSTITUTE OF TECHNOLOGY BHUBANESWAR
OFFICE OF THE WARDEN

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 ✓) | GENERAL | OBC | SC ST |

Emergency Contact

Local Guardian (if any):

Name:

Address:

Dist.:

State:

PIN:

Contact No: 1-Land line number:

2-Mobile No:

Parent's Details: (Use in Capital Letter)

Name:

Address:

Dist.:

State:

PIN:

Contact No: 1-Land line Number:

2-Mobile No:

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 Signature)

(Student's Signature)

Date:

Date:



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| | |
|--|--|
| 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)

Date:

REMARKS AND OBSERVATION AFTER OCCUPING THE ROOM IF ANY

1.

2.

3.

4.

5.

6.

(Signature of the Student)

Date: