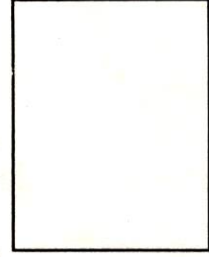


Room No.....

OFFICE OF THE WARDEN.....HOSTEL. CTAE, UDAIPUR

**HOSTEL ADMISSION FORM**



Session/ Year.....

A. Full Name .....Class.....

B. Do you belong to SC/ST class? Yes/No

C. Date of Birth.....

D. Place of Birth.....

E. Permanent Address.....

.....

F. Local emergency address.....

.....

G. Name of father.....

H. Father's Occupation.....

I. Name of Local Guardian.....

J. Phone .....Mobile No. ....

K. Percentage of Last examination.....

**Signature of Student.**

**REMARKS OF HOSTEL WARDEN**

Admitted/Not Admitted

Room No. ....In.....Hostel on.....Double/Single seated room.

Date of leaving.....

Signature of Warden,

चौकीदार श्री .....होस्टल

कमरा नं. ....श्री .....को मय सामान

के सम्भलवा कर हस्ताक्षर करवा लें ।

हस्ताक्षर वार्डन