National Institute of Epidemiology (ICMR) AYAPKKAM, CHENNAI – 77

Application Form for Hostel Accommodation for M.Sc Students

Warden S	r. Administrative Officer	Director
Name of State belonging to:	Room No A	llotted
Local Guardian met: Yes / No.	Hostel Admi	ission: Granted / Not Granted
	FOR OFFICE USE	
	(Signature of the	parent / Guardian with date)
for his conduct and discipline as	daughter to join the hostel of the installaid down in the Hostel rules and reapplication are correct. I will be p	gulations. I also state that the
DECLAR	ATION BY THE PARENT/ GUAR	DIAN
	(Signat	ture of the student with date)
found unsatisfactory, due to my ne	on given above are true and correct. gligence, misbehavior & indiscipline, l immediately vacate the hostel if order	I agree that I will abide by the
	CLARATION BY THE STUDENT e provisions contained in the rules arons.	nd regulations thoroughly and
Phone / Mobile No	:	
7. Name of the Local Guardian Address		
(In block letters) Phone with STD Code / Mobile 1	No:	
8. Name & Address of PARENT	:	
6. Blood group:	7. Major ailment if any:	
4. Gender:	5. Date of Birth:/_/	photograph
2. Academic year: 20 20	3. Year in which studying:	Passport size
1. Name of the Student ; (In block letters)		