

CHETTINAD RANI MEYYAMMAI HOSTEL

No. 25, Ethiraj Salai, Chennai - 600 008. Phone: 2827 1617, 2823 2009

E-mail: ranimeyyammaihostel@gmail.com

APPLICATION FORM



No: RMH/22-23/504

1.Name (in full) :123

2.Date and Place of Birth :10/28/2022

**3.Details of College
enrolled in**

(a) Name :test institution

(b) Address :test addr

**(c) Applicant Mobile
Number** :0

4.Course enrolled/Year : abc/null

5.Details of Parents **Father** **Mother**

Name : 1234 1234

Occupation : 111 111

Residential Address

**Telephone No/ Mobile
No** : 1 1

Email Address : zyz@abc zyz@abc

Bank Details (A/c Holder's Name, Bank, Branch, Account Number, : 123, 123, xyz, xyz

IFSC Code qwerty.

6. Annual Income of Parents : NaN

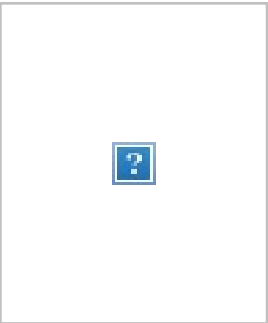
7. Name, Address & Phone no. of Guardian* : abc, test, 123.

Relationship to the applicant : test123

* Please note: Every hostel resident must have a local guardian

8. Name of the Visitors to be allowed **Relationship to the applicant**

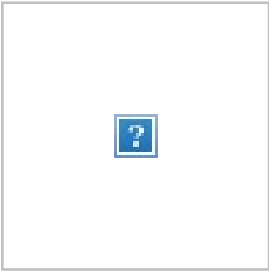
abc abc



abc abc



abc



test



test



test



abc

abc

test

test

9. Name, Address of people in Chennai with whom the applicant can stay for weekends.

Name: test

Address: test

Name: test

Address: test

10. * Specify your room preference : 2 in 1 - AC - Attached Washroom

1st Choice: 4 in 1 2nd Choice: AC

3rd Choice: Common

* Please note: Rooms will be allotted only on the basis of availability

DECLARATION

We understand that the decision of the President, Secretary and / or the Warden will be considered final in all matters regarding the management policies, discipline rules and regulations of the hostel. If admission is granted to the applicant, we agree to abide by the rules and regulations of the hostel.

Signatures:

Father:

Mother:

Guardian:

Applicant:

Date:

FOR OFFICE USE ONLY

Admission No:

Room No:

Medical Record: