## ICMR - National Institute of Epidemiology AYAPAKKAM, CHENNAI - 77

## **Application Form for Hostel Accommodation for M.Sc Students**

| (In block letters)                              |   |   |
|---|---|---|
| 2. Academic year: 20 20                         | _ 3. Year in which studying:  | Passport size photograph                  |
| 4. Gender:                                      | 5. Date of Birth: / /   |   |
| 6. Blood group:                                 | 7. Major ailment if any:  |   |
| 8. Name & Address of PARENT: (In block letters) |   |   |
| Phone with STD Code / Mobile                    | No:   |   |
| 9. Name of the Local Guardian Address           | :<br>:  |   |
| Phone / Mobile No                               | :   |   |
| my stay found unsatisfactory, due               | ules and regulations.  on given above are true and correct. If me to my negligence, misbehavior & indiscipely this office. I will immediately vacate the (Signature of the st | line, I agree that<br>e hostel if ordered |
| DECLARA   | TION BY THE PARENT/ GUARDIAN  |   |
| responsible for his conduct and of              | / daughter to join the hostel of the institudiscipline as laid down in the Hostel rules by him/her in this application are correct. If the hostel fees etc.                   | and regulations.                          |
|   | (Signature of the parent / Gu   | ardian with date                          |
|   | FOR OFFICE USE  |   |
| Local Guardian met: <b>Yes / No</b> Granted     | Hostel Admission: G   | ranted / Not                              |
| Name of State belonging to:                     | Room No Allo  | otted                                     |

**Administrative Officer** Warden **Director**