



# COMSATS University Islamabad

## Sahiwal Campus

Comsats Road off G.T Road Sahiwal  
Tel: 040-4305001-05 Fax No. 040-4305006

### Warden Office

### Boys Hostel Application Form

DOC#CUI-SWL/HT/FORM-01 Rev 001

Affix two  
Passport  
Size  
Photographs  
Here

Admission Form No. \_\_\_\_\_

Boys Hostel: \_\_\_\_\_(For off. Use)

Have you ever availed CIIT Hostel facility?

Yes

No

Are you availing any scholarship at CIIT Sahiwal?

Yes

No

If yes, mention Title of Scholarship: \_\_\_\_\_

### Section A:

#### Student's Personal Information:

(To be filled by the applicant and must be complete in all aspects)

**Student's Name:**

(In Capital Letters)


**Father's Name:**

(In capital Letters)


**Guardian's Name (if any):**

(In Capital Letters)


**CNIC Number:**

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**Programme of the Study:**

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**Registration Number:**

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**Permanent Address:**


**Correspondence Address:**


**Personal Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Person's name and phone number to be contacted in case of emergency:

<b>Name:</b>	<b>Relationship:</b>	<b>Phone Number:</b>
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### Undertaking by the Applicant

I, \_\_\_\_\_ S/o/ D/o \_\_\_\_\_ do hereby solemnly affirm and undertake that:

1. *The information given by me above is true and complete to the best of my knowledge and nothing has been concealed / suppressed.*
2. *I shall abide by all the rules, orders, instructions, information, guidelines, code, and circulars etc. in forced by the institution.*
3. *The Management will be at liberty to impose any penalty or any disciplinary action(s) on me being found guilty of, any sort of misconduct or indiscipline or disobedience or malpractice within or outside the hostel, or any act which is detrimental to the interest of the institution.*

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

### **Section B:**

***For official Use only.***

Student File No.: - \_\_\_\_\_

Boys Hostel Name /No.: - \_\_\_\_\_

Room No.: - \_\_\_\_\_

Seator No.: - \_\_\_\_\_

Hostel Fee: \_\_\_\_\_

Scholarship (if any e.g. ICT): \_\_\_\_\_

Comments (if any):  
\_\_\_\_\_  
\_\_\_\_\_

**Assistant Warden Name:** \_\_\_\_\_

**Boys Hostel No:** \_\_\_\_\_  
(Complete Address)  
\_\_\_\_\_  
\_\_\_\_\_

Assistant Warden's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Approved by:**

Warden's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Hostel security will be refundable within one year of leavening hostel.*