COMSATS University Islamabad
Sahiwal Campus

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

Warden Office

Girls Hostel Application Form

DOC#CUI-SWL/HT/FORM-02 Rev 001

Affix two Passports Size Photographs Here

Form No. :_____(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:

					-								-	

Programme of the Study:

Registration Number:

Permanent Address:

Correspondence Address:

Personal Number: _____ **Email:** _____

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

Name:	**Relationship:**	**Phone Number:**

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:_____ Signature of the applicant:_____

Section B:
For official Use only

Student File No.:- _____

Room No.:-_____

Seat No.: -_____

Hostel Fee:_____

Scholarship *(if any e.g. ICT*):_____

Comments *(if any):*

_____

_____

Assistant Warden Name:-_____

Hostel:-_____
(Complete Address)

_____

Date: _____ Assistant Warden's Signature:-_____

Section C:
Details of visitor authorized to visit the female student in hostel:

(This section must be filled by the father/guardian of the female student staying in COMSATS' hostel)

I,_____ being the father/guardian of _____ authorize Mr./Ms. _____ to visit my daughter/sister/……. in the hostel in accordance with procedure specified by the hostel Management.

Father's/Guardian CNIC:

					-								-	

Visitor's CNIC:

					-								-	

Visitor's Relationship with the student: _____

Date: _____ Signature of the Father/Guardian:_____

Note: CNIC copies of the student, father/guardian and visitor must be attached with this form.

Affix a Passport Size Photograph of a Person Authorize to Visit the Female Student

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