

## **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.002

Admission Form No.:									passport size photograph						
Have you ever availed CUI Hostel Facility?							Yes		No			-	ere		
Are you availing any scholarship at CUI, Sahiwal? (If yes, mention title of scholarship)							Yes		No	)					
Sectio	Section A: Student's Personal Information:  (To be filled by the applicant and must be complete in all aspects)														
Stude	nts Nan	ne: (In				ne appi	icant ar	ia musi	be con	ipiete ii	ı an ası	pects)			
Stude	nt CNI	C Num	ber:			T		T	T						
		<u> </u>		ļ							]		<u> </u>		
Father	r / Gua	rdian's	Name	e: (In C	apital I	Letters)			T		1	1	1		
Father	r / Gua	rdian's	s CNIC	Num	ber:	1	1	<del>                                     </del>	<del>                                     </del>		1	1		<u> </u>	
Progr	am of t	he Stu	dy:												
Regist	ration	No.	1	1	1		ı	_	_	_	1	1	ı		
Perma	anent A	ddress	s:												
Corre	sponde	nce Ac	ldress:												
	al Cont								Emai	1 ID:	•••••	• • • • • • • •	•••••	••••••	•
Father	/Guardi	ian Cor	ıtact Nı	ımber .											

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

Sr. No.	Name	Relationship	Contact No.	Postal Address
110.				

	Undertak	king by the	Applicant:							
undertake that:  • The information given by me a					•	•				
<ul> <li>concealed / suppressed.</li> <li>I shall abide by all the rules, ord</li> <li>The institutional/hostel manage guilty of any sort of misconduct detrimental to the interest of the</li> </ul>	ment will be at lib t or indiscipline or	erty to impose	any penalty or	any disciplina	ry action(s) on	me being found				
	Signature of Applicant									
Section B: (For official use only)										
Student File No.:										
Room No.:										
Scholarship										
(if any e.g. ICT attach letter/supporting	g document)									
Hostel Fee:										
Semester										
Amount										
Comments (if any):				'						
				Hostel AO	/Clerk					
Hostel Name:(Complete Address)										
Assistant Warden Name:										
Date:/	A	Assistant Wa	ırden's Sigi	nature:						
	V	Varden Hos	tels:							

## Note:

- CNIC copies of the student, father / guardian and visitor must be attach with form.
- Hostel security will be refundable within one year of leavening hostel.