

COMSATS Institute of Information Technology

COMSATS Road off G. T. Road, Sahiwal Tel # 040-4305001-3, Fax No. 040-4305006

Girls Hostel Record Form DOC#CIIT-SWL/HT/FORM-02 Rev 00

Form No	.:		_(for off.	Use)	(Girls Ho	ostel:			_	(for of	f. Use)			two Passport Photographs Here
Have you	ever av	ailed CI	IT Hoste	el facilit	y?		[Yes		1	No				
Are you a If yes, me	•	•			Sahiw 	al?	[Yes		N	No.		<u>L</u>		
Section Student	's Pers	sonal I ed by the			ust be c	complet	e in all	aspect	s)						
Student's		:													
(In Capital L	etters)														
Father's (In capital Le														7	
Guardiar (In Capital L		1e (if any,):												
CNIC Nu	mber:			l _									Ι_		1
Program	me of th	ne Study	y :			1	1						1 -		J
Registrat	ion Nu	mber:													
Permane	nt Addı	ress:													
Correspo	ndence	Addres	s:												
Personal N	Number:	:			_	Emai	l:								
Person's n	ame and	phone n			acted ir	ı case o	of emerg								
Name:			Relatio	nship:				Pho	ne Nu	mber	:				

I,		ng by the Applica		
19	S/o/D/o		do hereby s	olemnly affirm and undertake
 The information given by me about 1 shall abide by all the rules, ord The Management will be at liber or indiscipline or disobedience or 	lers, instructions, informat rty to impose any penalty o	tion, guidelines, code, and or any disciplinary action(.	circulars etc. in forced s) on me being found g	d by the institution. guilty of, any sort of misconduct
Date:	Sig	nature of the applicant:_		_
Section B: For official Use only				
Student File No.:				
Girls Hostel No.:				
Room No.:				
Seat No.:				
Hostel Fee:				
Scholarship (if any e.g. ICT):				
Comments (if any):				
A seistant Wanden Name				
Assistant Warden Name:				
Girls Hostel: (Complete Address)				
Data	Aggigton	nt Wardon's Signatur		
Date:	Assistar	nt Warden's Signature	÷:	
Section C:	rized to visit th	a famala studan	t in hostel:	
Details of visitor author This section must be filled by the father	r/guardian of the female s	iuaeni siaying in COMSAI		
Details of visitor author This section must be filled by the father				authorize
Details of visitor author This section must be filled by the father				authorize hostel in Size Photogra
Details of visitor author This section must be filled by the father Mr./Ms. mccordance with procedure spec				Authorize t
Details of visitor author This section must be filled by the father Mr./Ms. Accordance with procedure spectather's/Guardian CNIC:				Authorize t Visit the
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Details of visitor author This section must be filled by the father This section must be filled by the father	_ being the father/tototototo	guardian ofo visit my daughter/s	ister/ in the	Authorize t