

MAHATMA EDUCATION SOCIETY'S PILLAI'S GROUP OF INSTITUTIONS
DR.K.M.VASUDEVAN PILLAI'S CAMPUS,NEW PANVEL

FORM NO:LOCAL ACCOMODATION FACILITY APPLICATION FORM

APPLICANT'S NAME: _____

INSTITUTE: _____ COURSE: _____ CLASS: _____ ADMN NO. _____

RESIDENTIAL ADDRESS: _____

DATE OF BIRTH : _____ LANDLINE NO (R.): _____ MOBILE NO. _____

BLOOD GROUP : ____ HEALTH PROBLEMS,IF ANY : _____

MEDICINES PRESCRIBED BY THE FAMILY DOCTOR: _____

PARENT'S NAME: _____

TEL. NO : _____ (O) _____ MOBILE NO _____

LOCAL GUARDIAN'S NAME AND ADDRESS: _____

LANDLINE NO (R.): _____ (O) _____ MOBILE NO _____

FAMILY DOCTOR'S NAME, ADDRESS AND NUMBER: _____

I have read the Local Accommodation Facility Information Booklet and understood the allotment procedure, conditions, general rules and regulations as well as code of conduct printed therein and agree to abide by them.

Students signature

Parent Signature

Local Guardian Signature

Date : **FOR OFFICE USE**

ONLY

Local Accommodation Facility is not grantedgranted From : _____ to _____

Amount received as deposit : Rs _____ Rent : Rs _____ Meals Rs. _____

Mode of Payment : Cash D.D. Cheque. Cheque/DD No. : _____ Dated: _____

Drawee Bank : _____

Receipt No. _____ Date _____ Balance if any _____ payable on or before _____

Signature of Cashier

Signature of Local Accommodation Facility In-charge

Affix colour
photograph

**UNDERTAKING GIVEN BY STUDENT AND GUARDIAN OF THE APPLICANT TO THE
LOCAL ACCOMMODATION FACILITY COMMITTEE
OF
MAHATMA EDUCATION SOCIETY'S PILLAI'S GROUP OF INSTITUTIONS
DR.K.M.VASUDEVAN PILLAI'S CAMPUS, NEW PANVEL**

PARENT/GUARDIAN NAME: _____

WARD'S NAME: _____

INSTITUTE: _____ **COURSE:** _____ **CLASS:** _____ **ADMN NO.** _____

I/We have read the Local Accommodation Facility Information Booklet and understood allotment procedure, conditions , general rules and regulations as well as code of conduct printed therein.

I/We agree to pay the local accommodation facility charges as applicable as and when due.

I/We hereby also agree to pay an additional rent of three months in case of vacation of hostel during the academic year which may be adjusted from my hostel deposit.

I/We hereby give an undertaking that I/my ward will strictly abide by the rules and regulations, now existing and made from time to time by the Local Accommodation Facility Committee and other Competent Authorities of Mahatma Education Society and the Institute in which I/my ward is seeking admission.

I/We admit that for violation of any of the rules and regulations made by the Local Accommodation Facility Committee and other Competent Authorities of Mahatma Education Society and the institute in which I/my ward is seeking admissions, the Local Accommodation Facility granted to me/my ward shall be withdrawn immediately and the amount of deposit paid by me/my ward shall stand forfeited.

I/We further give an undertaking that I/We will not hold the Local Accommodation Facility Committee and other Competent Authorities of Mahatma Education Society and the institute in which me/my ward is seeking admission for any untoward event happening to me/my ward during the period for which me/my ward is using the local accommodation facility.

Parent/Guardian's Signature :Date : _____

Student's Signature : _____ **Date :** _____
