KALAKSHETRA FOUNDATION BCCH HOSTEL APPLICATION FORM

1) Name of the student :

2) Nationality :

3) Date of birth (DD-MM-YYYY) :

4) Blood group :

5) Roll number :

6) Course taken :

7) Date of joining of B.C.CH :

8) Mobile number :

9) Complete postal address :

10) Passport number and expiry date :

11)Visa number & Expiry date (in case of Foreign national)

Mother's Detail

1) Name :

2) Email address :

3) Mobile number :

4) Signature of mother:

Affix Father's
Photo here
(3.5*4.5 cms)
Passport size

Affix Mother's Photo here (3.5*4.5 cms) Passport size

Affix Student Photo here (3.5*4.5 cms) Passport size

| 1) | Name : | |
|--------------|---|--------------------------------|
| 2) | Email address : | |
| 3) | Mobile number : | |
| 4) | Signature of father: | |
| <u>De</u> | etails of the local guardian (Nominated by parents ma | andatorily) |
| 1) | Name of the guardian | |
| 2) | Relationship with the student | Affix guardian's Photo here |
| 3) | Complete postal address in Chennai | (3.5*4.5 cms) Passport size |
| 4) | Email address | |
| 5) |) Mobile number | |
| 6) | Signature of the local guardian | |
| guardi | nereby authorize the above person viz. Mr / Mrs can to our ward. The local guardian may also be allowed to take our ward hours and the local guardian have the responsibility to take care of the war | |
| | Signature of the Father (or) Mother | |
| <u>Note:</u> | | |
| Addre | ss & ID proof of the local guardian should be submitted along with this app | ication form. |
| to take | I, hereby undertake to be the local guardian of(name care of him / her if he / she falls sick. | ne of the student) and |
| Date: | Signature of the | local guardian |

Father's Detail