



ISO 9001 : 2000 Certified

# INSTITUTE OF PUBLIC HEALTH & HYGIENE

RZ-A-44 , Mahipalpur , New Delhi-110 037

## FORM FOR RESERVATION OF SEAT IN HOSTEL

Application number (Office use only) \_\_\_\_\_

### ABOUT YOURSELF

Student Number (can be found in your college Confirmation Letter): \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Male/Female \_\_\_\_\_

Street \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Secondary Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Month Day Year

### ABOUT YOUR PROGRAM

Name of program: \_\_\_\_\_ Program start date: \_\_\_\_\_

Month Day Year

Please select one of the following:

### ABOUT YOUR REQUEST

I require one bed accommodation in the Hostel for \_\_\_\_\_ (Boys/Girls) .

### METHOD OF PAYMENT

Draft/ Money order /Cash (please do not send by mail)

I am depositing Rs.3000/- towards my Boarding & Lodging Charges for the Month of \_\_\_\_\_ and

Rs.1000/- as Maintenance Fee (non-refundable) through Demand Draft No ..... Drawn at .....

Dated:

### FREEDOM OF INFORMATION

The personal information on this form is collected is to be used for administrative and statistical purposes of the College and/or the Ministries and Agencies of the Government of India. For further information, please contact the Hostel Warden, IPH&H Residence.

I hereby give consent to IPH&H to confirm my status with Hostel Warden for the purpose of room/bed allocation, enrolment status and fee status. I give the IPH&H Residence permission to release my name , address and/or telephone number to assigned roommates.

SIGNATURE OF APPLICANT

DATE

Incomplete applications will not be entertained