



KHWAJA FAREED
UEIT
RAHIM YAR KHAN

HOSTEL DEPARTMENT

Hostel Accommodation Form

Name of Student: _____

Father's Name: _____

Department _____ Discipline: _____ Session: _____

Registration/Application No: _____ Religion: _____

Percentage of marks in last degree: _____

CNIC #: _____ Nationality: _____

Domicile City: _____

Present Address: _____

Permanent Address: _____

Father's Cell No _____ Phone No. (Personal): _____ Email: _____

Medical History:

Blood Group: _____

Any significant Disease Diagnosed in the past or currently: _____

Taking any medicine on regular basis (if yes, please give details). _____

Allergies if any: _____

Do you smoke: (Yes /No) _____



Passport Size

Photograph

Date: _____

Signature of Applicant: _____

Documents Required:

1. One Attested copy of domicile
2. Paid Fee Voucher (Hostel Dues)
3. Undertaking form (Printed on Judicial stamp of Rs. 50/--)
4. Security Clearance Form (for all applicants)
5. Four Recent Passport Size Photographs
6. One attested copy of last degree

OFFICIAL USE ONLY

Room No: _____

Hostel Name: _____