

KOVAI KALAIMAGAL EDUCATIONAL TRUST

Narasipuram Post, Coimbatore - 641 109

PHOTO

HOSTEL REGISTRATION FORM

CIET / KKCAS / CIMAT / SOA

BOYS / GIRLS

1. Name of the Student :
2. Year & Branch :
3. Date of Birth :
4. Blood Group :
5. Mobile Number :
6. Father Name & Mobile No. :
7. Mother Name & Mobile No. :
8. Residential Address :

10. Room Type : 4 Sharing ☐ 2 Sharing ☐

Signature of the Student

Signature of the Parent / Guardian

WARDEN

HOD

PRINCIPAL

FOR OFFICE USE ONLY

ROOM NO: _____

BILL NO: _____

DATE OF ADMISSION: _____

AMOUNT PAID: _____