



Indian Institute of Technology Indore

Simrol- 453552

Madhya Pradesh, INDIA

Phone: 0731-660 3468 Email: hostel@iiti.ac.in

**Hostel Accommodation Form for Research Staff,
JRF, Project Staff and Post-Doctoral Fellow**

Form H1

1.Full Name: _____

2.Home Address: _____

City: _____ State: _____

Pin: _____ Ph: _____

Mob: _____

Email ID: _____

3. Date of Birth (DD:MM:YY): _____

4. Nationality: _____

5. Gender (male/female): _____

6. Blood Group: _____

7. Highest Qualification: _____

8. Physical disability (if any): _____

9. Date of arrival: _____

10. Course & Department: _____

11. Duration of Stay: _____

Family Details (all in block letters)

1. Father / Guardian Name: _____

2. Occupation: _____

2. Address: _____

City: _____ State _____

Pin: _____ Ph: _____ Mob: _____

Email ID: _____

3. Name of local Guardian (if any): _____

4. Address of Local Guardian with Ph/Mob No: _____

I hereby declare that the information given above is true to the best of my knowledge and nothing has been concealed thereof.

I will follow all rules and regulation made by hostel administration.

Signature of P.I/H.O. D

Signature of Candidate/Research
Staff

FOR OFFICE USE ONLY

Hostel Allotted: Yes/No

Allotted Room No. _____

Remark if any:

Payment Details: -

Mode of Payment: -

Transaction ID:-

Signature of Supervisor