

COMSATS Institute of Information Technology

COMSATS Road off G. T. Road, Sahiwal Tel # 040-4305001-3, Fax No. 040-4305006

					Bo	ys F	lost	el A	ppli	icat	ion	For	<u>m</u>							
DOC#CIIT-SWL/HT/FORM-01 Rev 00																				
Admission Form No.: E							Boys Hostel:						<u>(</u> for		Pas	x two sport ize ograpl				
Have you ever availed CIIT Hostel facility? Yes No												lere								
Are you availing any scholarship at CIIT Sahiwal? Yes No																				
If yes, mention Title of Scholarship:																				
Section A:																				
Student's Personal Information:																				
(T Student's	o be fille	ed by tl	he appl	icant a	ınd mu	ist be	comp	olete i	in all	aspec	ets)									
(In Capital L																				
]	
Father's Name: (In capital Letters)																				
Guardian's Name (if any): (In Capital Letters)																				
CNIC Nu	mber:	1	I										Ī		Ī					
	0.47		<u> </u>																	
Programi	me of th	e Stu	dy:																٦	
Registrati	ion Nun	. h																		
Registrati	IOH NUH	iiber:						\top												
Permaner	nt Addr	ess:																	٦	
																			4	
<u> </u>		4 7 7																		
Correspondence Address:																				
																			-	
																			-	
Personal Number: Email:																				
Person's no	ame and	phone	numbe	r to be	e conta	icted i	in cas	e of e	emerg	encv	:									
						Relationship:								Phone Number:						

	Undertaking by the Applicant								
Ι,	S/o/	D/o	do hereby solemnly affirm and						
unde	rtake that:								
1.	The information given by me above is to suppressed.	true and complete to the best o	f my knowledge and nothing has been concealed						
2.									
3.		or disobedience or malpractice	plinary action(s) on me being found guilty of, within or outside the hostel, or any act which is						
	Date:	Applicant's Signature:	·						
	tion B: official Use only.								
Boys	s Hostel No.:								
Roo	m No.:								
Seat	or No.:								
Host	tel Fee:								
Scho	plarship (if any e.g. ICT):								
Com	nments (if any):								
Assi	stant Warden Name:								
	s Hostel No: mplete Address)								
Assi	stant Warden's Signature:		Date:						
App	proved by:								
War	rden's Signature:		Date:						

^{*}Hostel security will be refundable within one year of leavening hostel.