Forman Christian College
(A Chartered University)
Hostel Application Form
(Out station students only)
Intermediate/Baccalaureate
Tick as applicable

Date of Form Submission: ___________________________ in Room No. 10 (Dean of Student Affairs Office) in Ahmed Saeed Building

Note: Hostel occupancy merit is in respective category, and is based on the date of hostel form submission by the admitted student. Merit in individual categories is maintained by the Hostel Office

Baccalaureate

<table>
<thead>
<tr>
<th>% marks (Matric or equivalent)</th>
<th>% marks (Intermediate or equivalent)</th>
<th>Preference of accommodation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Single</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Double</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Triple</td>
</tr>
</tbody>
</table>

Kindly tick as appropriate

Intermediate Admission category

<table>
<thead>
<tr>
<th>% marks</th>
<th>Pre Medical</th>
<th>Pre Engineering</th>
<th>Gen. Science</th>
<th>Computers</th>
<th>Commerce</th>
</tr>
</thead>
<tbody>
<tr>
<td>O-Levels</td>
<td>Humanities</td>
<td>Kinship</td>
<td>Minorities</td>
<td>Reserved/Other</td>
<td></td>
</tr>
</tbody>
</table>

Kindly tick as appropriate

Student Full Name: ___________________________  Roll #: ___________________________

Father’s /Male Guardian Name: ___________________________

Parents’ /Guardian Home Address: ___________________________

Contact # Residence: ___________________________  Father’s Cell #: ___________________________

Mother’s Cell #: ___________________________  Student’s Cell #: ___________________________

Religious affiliation (optional): ___________________________

Local Guardian’s address: ___________________________

Local Guardian’s Home Contact #: ___________________________  Local Guardian’s Cell #: ___________________________

Any Medical Issues: (Include any medication being taken):

For Hostel and Mess charges details kindly consult the Prospectus/Accounts Office

Important:

- FORMS WITHOUT UNIVERSITY/COLLEGE ROLL NUMBERS WILL NOT BE CONSIDERED AS VALID
- All freshmen boys will be initially accommodated in the off campus Ewing Hall
- College transport is available for off-campus residents’ pick and drop at specified timing.

Attach three passport size photographs
With your roll numbers stated on the reverse
Kindly attach with the application copies of
a. Father’s/Guardian ID card
c. Copy of FCC dues deposit/ roll-number slip

Note:
i. 50% of Hostel annual occupancy fee is deposited at time of admission failing which accommodation will not be allotted.
ii. The Father/Guardian must accompany the applicant at the time of interview with the hostel authorities, failing which the candidate will not be entertained.
iii. At the time of interview the student must be in possession of the college roll number slip and the original documents/result cards.

Affidavit

I solemnly affirm that
1. The information provided on this form is correct.
2. I am applying with the permission and will of my parent/guardian
3. In case the information provided is incorrect, my application/allotment my be rejected/cancelled.
4. I have read the rules and regulations of the hostel and will abide by them and any subsequent changes therein.
5. I will bring my parent/guardian if and when called to meet the hostel authorities, failing which my allotment will be cancelled.
6. I will pay my dues and mess charges in time failing which my allotment will be cancelled.

Signature of Applicant                                       Signature of Parent/Guardian

Date: ____________________________                      Date: ____________________________

Address: __________________________________________
                                                     ______________________________________
                                                     ______________________________________
                                                      ________________________________

Do not write below

Admitted to Hostel:                                          Warden

Room No: ___________ Type: **Single/Double/Triple**          Date: ____________________________

Copy to Hostel/Accounts
Forman Christian College
(A Chartered University)
Hostel Office
Hostel Identity Card Form

Class: __________________________  Intermediate __________________________

Session: __________________________

Roll Number: __________________________ Hostel: __________________________

Name of student: __________________________ Room Number: __________________________

Father’s Name: __________________________

NIC of student: __________________________

Parent/Guardian’s NIC: __________________________

Permanent residential address: __________________________

Temporary residential address (if different from above): __________________________

Telephone (at permanent address): __________________________  (at temporary address): __________________________

Cell (self): __________________________  Cell (parent/guardian): __________________________

Assistant Warden (The Hostel card to be valid till ____________)  Chief Proctor

For Office Use Only

Date of photograph: ____________  Status: ____________  C. R. No (issued card): ____________

NOTE:
• Provide three photographs and two copies of this form
• Rs. 200/- is for charged for the first duplicate card.
• Rs. 300/- is for charged for the second duplicate card.
• The Hostel card valid till