APPLICATION FOR PERSONAL ACCOMODATION

PassportSize Photo

(To be filled in by the applicant in his/her own hand writing clearly and carefully) ROLL NUMBER:

The Director

Saitsohpen, Sohra – 793108,

Meghalaya, India.

Sir,

It is to state that I wish to stay with my parents/local guardian at the address given below, for the academic year

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# PARENT’SDETAILS:

1. Name of the Parent:
2. Relationship 3. Occupation: 4. Designation
3. Address of Communication:
4. Tel. No./Mob.: 7.Email ID:

# LOCAL GUARDIAN’S DETAILS: (if not staying with Parents)

1. Name of the Local Guardian:
2. Relationship 3. Occupation: 4. Designation:
3. Address of Communication:
4. Tel. No./ Mob.: 7.Email ID:

Yours faithfully,

Date:

Signature of the Student

# DECLARATIONBYPARENTINCASEOFSTAYWITHLOCALGUARDIAN

I hereby give consent to my son/daughter to stay with local guardian Mr./Mrs. at the

Address given above.

Name of the Local Guardian with Signature:

Name.................................................................. Signature..................................................................

I hereby declare that the information given by me in Application Form for Personal Accommodation is true to the best of my knowledge.

I hereby fully endorse the undertaking made by my child/ward.

Date:

***1) Proof of residence of Local Guardian/Parent to be submitted along with the form.***

Yours faithfully, Signature of the Parent