



HOSTEL ADMISSION FORM

Kalam Bibi International Women Institute, Bannu
Degree Title/Program: _____, Session _____

Applicant Information

Name: _____

CNIC No. _____

Marital Status: Single/Married/Divorced

Contact No: _____

Domicile: _____

Bank Account No. _____

Disability (if any, Attach Certificate): _____

Permanent Address:

Emergency Address/ Contact No.:

Father/Guardian/ Husband Information (Husband Information is mandatory in Case of Married)

Father/Guardian/Spouse (Tick any One)

Name: _____

CNIC No. _____

Occupation: _____

Monthly Income in Rupees: _____ (attach Income Certificate/Pay Slip/Electricity Bill)

Status: Alive/Deceased

Contact No: _____

Family Information

Total No of Family Members: _____

(attach Form-B)

Total No. of Dependent Family Members: _____

Family member studying: _____

Total No. of Earning Hands: _____

Passport size
photo

Applicant's Educational Record (attach testimonials):

Level of Study	Institution Name	Obtained/Total Marks	%/Grade/CGPA
Bachelors/BS			
Intermediate			
Matriculation			

(FOR OFFICIAL USE ONLY)

Admission Rs. _____ A/C No. _____ Admission Rs. _____ A/C No. _____ Dated _____

Cash Book No. _____ Page No. _____ Hostel _____ Floor No. _____ Room No _____

Accountant/Clerk Signature

Admission/Scrutiny Panel:

Panel Members	Name/Designation	Recommended/ Waiting/Not Recommended	Signatures
Warden			
Campus Incharge			
Provost Office Member			
Academics Office Member			
Senior Faculty (01)			

Provost/Dy. Provost

VISITOR FORM

1. Name of Visitor: _____ Relation: _____ CNIC No. _____ Cell No. _____	Photo
2. Name of Visitor: _____ Relation: _____ CNIC No. _____ Cell No. _____	Photo
3. Name of Visitor: _____ Relation: _____ CNIC No. _____ Cell No. _____	Photo
4. Name of Visitor (Female): _____ Relation: _____ CNIC No. _____ Cell No. _____	Photo
Note: <ul style="list-style-type: none">Only Mentioned Visitors (including females) can visit to hostel to meet their offspring.Only Mentioned Visitors can pick & drop their offspring by showing original CNIC.Visit to doctor/hospital shall allow only in emergency. Otherwise, only said visit is allowed with mentioned visitors onlyFor trips, tours or any other visit to outside of Institute shall require prior parent andHoD written permission duly approved by Vice ChancellorShopping is not allowed	

Parent/Guardian Signature

Applicant Signature

Parent Remarks related to visitors (if any):

Parent/Guardian Signature

Warden Signature

MEDICAL FITNESS CERTIFICATE

Students must have the section overleaf signed by a medical Practitioner

I, _____ (name in full) D/O _____

Date of Birth _____ student of department of _____ hereby declare that I have never suffered, nor suffer currently, from any of the following, which I understand may create, or lead to, a dangerous situation during my studies/stay in the hostel

Blood group and RH factor of the applicant.

(a) Blood Group _____ (b) RH factor _____ (c) Identification marks _____

Personal health history: Do you have a present or past history of: (Tick all that apply)

- Depression Hernia Sickle Cell Trait/Anemia ADD/ADHD Diabetes High cholesterol
- Sinus trouble Disability/handicap HIV disease Drug abuse
- Skin problems (chronic) Anemia Hypertension Sleep problems Arthritis
- Ear infections Hypoglycemia Anxiety Eating disorder Indigestion
- Surgery Asthma Eye disease Joint disease/injury
- Back problems Fainting spell Low blood pressure Thyroid disease Measles (rubella)
- Tuberculosis Bleeding disorder Gallbladder trouble Meningitis Ulcer
- Blood transfusion Gastritis/reflux Migraine headache Urinary Tract Infection
- Broken bone(s) GYN problems Cancer Hay fever/allergies Mumps
- Chicken pox Head injury Paralysis Chronic diarrhea Headache (recurrent)
- Pneumonia Constipation Heart murmur Pregnancy
- Heart problems Hepatitis/Jaundice Rubella (3-day measles)
- Other (list) _____, _____, _____, _____
- I have none of the above

I have answered all questions from my physician, Dr. _____, honestly and truthfully, and I was forthcoming with Dr. _____ regarding any physical or mental condition that would have a bearing upon my Physical or Mental Assessment.

CERTIFICATE OF MEDICAL FITNESS BY DOCTOR/PHYSICIAN

It is to certify that:

I have personally examined the applicant, Ms/Mrs. _____ based on the examination, I certify that she is in good mental and physical health and is free from any physical defects which may interfere with her studies including the active outdoor duties.

Physician's name: _____

Physician's stamp & signature: _____

Clinic Address & Phone Number: _____

Date: _____

HOSTEL RULES & REGULATIONS

1. Residents shall abide by the hostel regulation. Violation of any shall render a resident liable to fine or expulsion from the hostel or to such other action, as the management may consider necessary.
2. Seats shall be awarded on merit bases. Preference will be given to students belonging to far-flung areas.
3. Students who have joined the Institute first time shall apply for a seat in the hostel to the Provost, on prescribed form obtainable from her office on payment of Rs. 100/-. The renewal form also obtain from Provost Office on payment of Rs. 100/-.
4. All students seeking admission in the hostel shall submit an affidavit/undertaking to abide by these regulations.
5. Renewal fee shall be submitted till the displayed date by the Administration, otherwise, Rs. 50/- per day shall be fined.
6. No concession in Admission and Renewal fee is admissible.
7. In case of Hostel admission cancellation fee shall refund within 07 days 85% and within 15 days 50% after joining the hostel. No refund after 15 days is admissible.
8. Applicant's bank account is mandatory.
9. An application shall be submitted one day prior to leaving for home and the requisite exit entry shall be made in register. Applications should be submitted one day before the departure. Moreover, entry at the time of departure and arrival is mandatory.
10. Applicant can depart from hostel only with mentioned visitors.
11. In case of any emergency, Administration shall only take applicant to hospital, other necessities shall responsibility of parents.
12. Guests shall be allowed only for one day after the prior approval from the undersigned and payment @Rs. 500/- per day in advance shall be made in case of approval.
13. Residents are required to be within the hostel premises at sharp 4:00 pm
14. Study hours shall start with the closing of the hostel gates. During study hours every students is required to study in perfect silence and avoid disturbance to other students and presence of the students in their room is mandatory.
15. Day scholars are not allowed within the hostel premises unless the Hostel Administration grants permission; otherwise, they shall be fined.
16. No resident shall be allowed to place any notice or other material in writing anywhere in the hostel without the permission of the Warden. Violation of this rule punishable with fine or with expulsion from the hostel.
17. Accommodation shall be given for a maximum of four years to the students of all Bachelor's Degree Program, 1.5 years to the students of B.Ed Degree Programs, subject to availability of seats. Annual renewal shall be on the basis of good behavior and satisfactory report.
18. All residents shall produce a clearance certificate from the Hostel Warden/Provost before applying for a degree.
19. Hostel furniture and mess utensils shall not be removed by the residents from their designated places. Violators shall be liable to fine.
20. Keeping and use of air cooler, electric heater and other electrical appliances are prohibited in the hostel. In case of rule violation, Rs. 1000/- shall be fined.
21. Residents damaging or destroying any hostel property shall be required to make good the loss and shall also be liable to a fine.
22. Hostel administration shall not be responsible for the lost of valuable accessories of the residents.
23. Residents shall bring any complaints against the hostel employees to the notice of the Assistant Warden and shall not deal directly with them.
24. Room allotment shall not be changed.

Applicant Signature

(Undertaking/Affidavit)

This portion will be paste on stamp paper

I _____ certifying that my daughter/sister/wife _____

Is applying for hostel accommodation of the Kalam Bibi International Women Institute Bannu with my permission and I undertake that I will be responsible for her good behavior during her stay in the Institute/Hostel and will accept all decisions, Rules & Regulations of the hostel of the Institute Authorities in matter of Hostel Admission and discipline. I will be responsible to pay all the Hostel dues/fine(s), if any, against my daughter/sister/wife.

It is confirmed that the mentioned information is correct. If the given information finds incorrect at any stage, Administration reserves right to cancel my hostel admission and I shall liable to pay fine of Rs. 10,000/- .

Father/Husband Signature
Mobil No._____

Applicant Signature