

## CAMPUS RESIDENCE FORM

# Bay Range Campus Faculty / Staff Accommodation Requisition Form

Name	:
Department	:
Designation	:
Emp. No.	:
Contact Number	:
Date of Joining (Hostel)	:
Emergency Contact Number	:
Purpose to Stay in the Hostel	:

Address for Communication	Permanent Address

Details of any relatives staying along with you :-

Name	Relation ship	Occupation	Age	Health Condition	Period to Stay

Details of Vehicles if any, If Yes, please mention the Registration Number:

Personal Belongings (Please list out) :- {Electrical, Electronics and other durable items}

SI.No.	Description	Qty	Remarks

Signature of the Staff

### Recommended / Not Recommended by the HOD

Signature of the HOD

### Hostel Office

Susan / Kasturbha / Bethany / Galaxy / Orient / Eden / Jupiter	Room No :	Cat :
Painters Mansion	Room No :	Cat :
Senate House	Room No :	Cat :

### HOSTEL MANAGER

[For Official Use Only]

Remarks by HRD:-

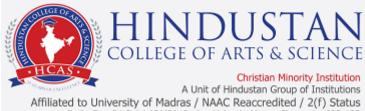
Category Deduction :

Recommended – Yes / No

MANAGER - HRD

**HEAD ADMINISTRATION / REGISTRAR** 

DIRECTOR



Rajiv Gandhi Salai (OMR), Padur, Kelambakkam, Chennai - 603 103

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Recommended – Yes / No		MANAGER - HRD