

ST. XAVIER'S LADIES HOSTEL (PRELIMINARY HOSTEL ADMISSION FORM)

Name

Date of Birth.....

Subject in the College.....

Father's name:

Father's occupation:

Father's income:

State:

Tick mark the category

Open

ST

SC

OBC

Christian

Catholic

Parish place..... State.....

Address:-

Mobile number of the student:

Mobile number of the parent:

Signature of the student

signature of the parent