TIMES INSTITUTE A GOVERNMENT CHARTERED & HEC RECOGNIZED DEGREE AWARDING INSTITUTE



HOSTEL FORM

Student Id:	Program:	Academic Year:	
Name:			
Father / Guardian Name:			
Address:			
Student Mobile No.	Email IC	Email ID:	
Father / Guardian Mobile No		Landline No	
In Case of Emergency Contact N	0		
Visitor Detail:-			
1. Name	Relationship:	Contact No	
2. Name	Relationship:	Contact No	
3. Name	Relationship:	Contact No	
 Electricity (other than fan and lightin I undertake that I shall use the hostel the said facility what so ever the case I also undertake that the Institute has 	e 10th of every month. h is refundable at the time of vacation of l g) shall be charged as per unit consumed l facility of the Institute for the whole degr e may be.	ree program in which I am enrolled and pay the dues of ny time and I shall bound to pay the same.	
Student Signature		Student Thumb Impression	
Father / Guardian Signature		Date	
	FOR OFFICE USE ONLY	'	
	🖂 info@t.edu.pk 🛛 🛞 www.t.edu.pk 🕤	/timesinstitute.pk	