

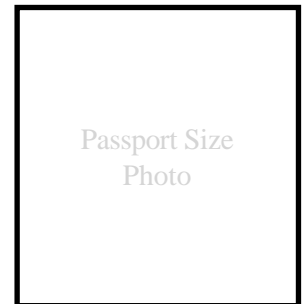
MY POSHTELL APPLICATION FORM

First Name*:

Middle Name:.....

Last Name*:

Applicant Gender* (Tick): Male / Female



Email ID*:..... Mobile No.*: (0091) _____

Academic Standing* (Tick): 1st Year/2nd Year/ 3rd Year/ 4th Year/ 5th Year/ PG/Others

Course of Study*: Tell us the which programme you are enrolled for

University Student Reg. No.*:.....University Application No.:.....

Government Issued ID No.* PAN/ AADHAR/DRIVER'S LICENSE/VOTER ID/PASSPORT/OTHERS
(Submit a copy of ID proof along with application)

Father's Name*:.....Mother's Name:.....

Email ID*:..... Mobile No.*: (0091) _____

Permanent Home Address*:.....

.....

.....

Local Guardian Name:.....Mobile No.:.....

Home Address:.....

.....

Emergency Contact Name*:.....

Relationship to the Applicant:..... Mobile No.*:(0091) _____

S' Residences Fee Payment Information

Receipt No.	Date of Payment	Person who made the Payment	Bank Payment Reference No.	Total Amount Paid (INR)
Total Amount Payable = INR 1,18,300/- including GST for academic year 2023/24	Amount Paid:		Balance Payable, if any:	

SSquare Mess Halls Fee Payment Information

Receipt No.	Date of Payment	Person who made the Payment	Bank Payment Reference No.	Total Amount Paid (INR)
Total Amount Payable = INR 80000/- including GST for academic year 2023/24	Amount Paid:		Balance Payable, if any:	

*Tick on the preferred Meal Plan for the year 2023-24. Note that this will be added to your profile and the meal plan, once subscribed, cannot be altered.



Indian Vegetarian



Indian Non-Vegetarian

Disclaimer and Consent: The information provided in this form is true as per my knowledge. I understand that the housing application made to S' Residences does not guarantee a preferred room allotment as it is on first come first serve basis. I also understand that I need to make a full (100%) advance payment for the room allotment and mess fee prior to the commencement of the term. Further, I allow S' Residences to keep in records above given information and I also allow them to contact my parents/ relatives/ guardians or emergency contact in case of an emergency.

Date: _____

Student Signature: _____

Place: Harohalli, Kanakapura Road, Karnataka

For Official Use Only

Allocated Room No:..... Tower No.:.....

Meal Plan Subscription Type:.....

All document submitted: PROOF OF PAYMENT/GOVT. ID/UNIVERSITY ENROLMENT PROOF/OTHERS.....

Accounts Approval and Record Summary:.....

Authorised Signature and Stamp:.....