YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF ERNAKULAM

Chittoor Road, Kochi - 682035 Tel: 0484 - 2355558, 2367512

APPLICATION FOR HOSTEL ADMISSION

| | | (To | be filled in own handwriting) | · | |
|---|---|-------------------|--|-------|---|
| 1. | Name in Full | : | | . | |
| 2. | Date of Birth | : | | | риото |
| 3. | Marital Status | : | Single / Married / Widow / Separated | | РНОТО |
| 4. | Nationality | : | | | |
| 5. | Religion | : | | | |
| 6. | Student / Working | : | | | nee / Unpaid Trainee ck if applicable) |
| 8. | Name of Father / Husband | . : | (if single Name of Father / if married | | Husband) |
| | Occupation and montly inc | come of l | Father / Husband: | | |
| 9. | Permanent Address | : | | | |
| 10. | Telephone No. | : | | • | |
| 11. | Details Required :- | | | | |
| | FOR WORKIN | G W | OMEN FO | R STU | DENTS |
| Plac | ce of Employment : | | | : | |
| Ado | dress: | | Address: | | |
| | | | | | |
| | *************************************** | | | | |
| Tele | | | Telephone No. : | | |
| | ephone No.: | | | ••••• | |
| Des | ephone No. :signation : | | Telephone No. : | | |
| Des Tota | ephone No.:signation:al Salary per month: | | | | |
| Des Tota Tim | ephone No.:signation:al Salary per month: | | | | |
| Des Tota Tim Dui | ephone No.:signation:al Salary per month:nings: | Hostel | | Го: | |
| Des Tota Tim Dua Ext | ephone No.:al Salary per month:nings:aration of stay required at the | Hostel | Telephone No.: Duration of Course: Details of Subject: Timings: | Го: | |
| Des Tota Tim Dun Ext 12. | ephone No.:signation:al Salary per month:nings:ration of stay required at the ra Curricular Activities / Ho | Hostel bbies : | Telephone No.: Duration of Course: Details of Subject: Timings: | Го: | |
| Des Tota Tim Dua Ext | ephone No.:signation:al Salary per month:nings:aration of stay required at the ra Curricular Activities / Ho Name of Lady Local Guard Address:: | Hostel bbies : | Telephone No.: Duration of Course: Details of Subject: Timings: | Го: | |

DECLARATION

I have read the prospectus and I agree to comply with the rules and regulations of the YWCA hostel. I will not involve in any activities against the Management or other residents. I agree that violating any rules or regulations will be reason enough to terminate my tenure in the hostel and if my conduct is not satisfactory, the Board of Management has the right to terminate my stay on short notice. I also agree to go for the evening worship in the hostel chapel (Christians) without fail and for meals at the appointed time. I also agree to join the youth activities of the association as and when necessary.

| Date: | Signature of Applicant |
|-------|------------------------|

Application should be accompanied by the following documents

ID PROOF:

- Applicant
- Guardian
- Lady Local Guardian (Should be Related)

LETTERS:

• Letter from Guardian:

Authorizing the local guardian and also to give list of visitors along with the names, addresses and telephone numbers of relatives allowed to visit.

• Letter from Local Guardian:

No objection letter to be the guardian of the applicant and agreeing to take away the resident from the hostel in times of illness / distress or as may be required by the management.

• Letter from the Institution:

Where the applicant is working or studying.

• Conduct and Character Certificate:

From the Head of the Institution last attended or Vicar of Church.

- A letter from the Employer stating: (For working women / trainees with stipend)
 - Place of work with address and telephone numbers
 - Nature of work and designation
 - Working hours and days of working in a week
 - Date of joining
 - Salary details stating all details of pay, allowance, etc.
- 2 Photos
- Any Medical Illness / Any Medicines Taken Daily
- Any difficulty you encounter in your stay in the hostel should be brought to the notice of the Secretary immediately who will report to the Hostel Committee and measures will be taken in due course.
- Prospectus should be studied and kept with the resident.
- On producing all the relevant papers only, application will be considered by the Hostel Committee. The decision of the Board of Management shall be final and binding.
- Payment of fees should be made only by card. No other mode of payment will be accepted.

| Accomodation allocated: Block: | Room No.: |
|--------------------------------|-------------------------|
| Interviewed by: | |
| Date of Interview : | .Signature (Secretary): |