**A.C.Tech Hostels**

**Anna University**

**Application for Bonafide Certificate □ Fees Structure □ (Tick the request)**

Date:

Name: Hostel Admission No: Roll No:

Program: Branch: Year:

Semester: Block: Room No:

Mobile No: Father Name: Email:

**Reason for fees structure with organization name & Place:**

**Reason for Bonafide with organization name & Place:**

|  |  |  |  |
| --- | --- | --- | --- |
| Sl.No | Year | Academic Year | Block & Room No |
| 1. | I |  |  |
| 2. | II |  |  |
| 3. | III |  |  |
| 4. | IV |  |  |
| 5. | V |  |  |

Residential Address with parents Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your’s faithfully

Student

Manager Resident Counsellor Deputy Warden ExecutiveWarden

Received by: