**HOSTEL REGISTRATION FORM**

1. Name………………………………………….
2. Student ID No……………………………….
3. Year……………………………………………….
4. CID NO……………………………………………
5. Date of Registration:………………….
6. Contact No…………………………………………
7. Email Address…………………………………..

The above provided information are true and I may be liable for legal action in case of false information.

Signature of applicant

Date:

Place

NB: The duly filled form should be scanned and send to kezang.clcs@rub.edu.bt for verification