



UNIVERSITY OF LORALAI

ACCESS

QUALITY

RELEVANCE

EMPLOYEE ACCOMMODATION FORM

Name of the Applicant: _____ Gender: _____

Designation: _____ Grade: _____ Department: _____

Type of Accommodation:	Type of Employment:
Single Room: <input type="checkbox"/> Sharing <input type="checkbox"/>	Permanent: <input type="checkbox"/> Contractual <input type="checkbox"/>

Date of Joining of University: _____ Cell No: _____

Signature of Applicant

For Office Use Only

Remarks: _____

Room No: _____ **Building:** _____ Approving Authority

(Registrar Office

Signature: _____

List of items handed over

S#	Description	Quantity	Checklist
1.	Bed		<input type="checkbox"/>
2.	Mattress		<input type="checkbox"/>
3.	Wardrobe		<input type="checkbox"/>
4.	Side Table		<input type="checkbox"/>
5.	Chair(s)		<input type="checkbox"/>
	Any other items		

Undertaking

I hereby declare that I shall abide by the hostel rules and regulations. Any kind of misconduct or violation of any rule, regulation or order issued by the competent authority shall render me liable to penalty and even expulsion from premises, or to such other action as the competent authority may consider appropriate.

Applicant

Signature & Date: _____

In- Charge

Signature & Date: _____