



Young Men's Christian Association, Ernakulam

PALARIVATTOM BRANCH

Near Bye-Pass, Opp. EMC Hospital, Palarivattom, Cochin - 682 025.

Phone : 2342585

Hostel Application Form

1. Name :
2. Permanent Address with : Tel. No.....
3. Present Residential Address : Tel. No.....
4. Occupation Address :
5. Designation :
6. Age :
7. a. Name, Residential Address of Father / Guardian :
- b. Profession & Address :
8. List of hostels / lodges you have stayed in the city :
9. Your previous association with the YMCA, if any :
10. Why you are interested in joining the YMCA hostel :
11. Reference addresses (2 persons) :

I declare that the particulars given above are true. If I am given admission I undertake to abide by the Rules and Regulations of the hostel and the amendments made thereto from time to time.

Place :

Date :

Signature

RECOMMENDATION

I know the above applicant personally. I recommend that he may be given admission in the YMCA Hostel. I shall be fully responsible for his conduct in the hostel. I assure you that he shall abide by the rules and regulations of the hostel.

Name :

Address :

.....

Signature

OFFICE USE

- Registration Fee :
- Receipt No. & Date :
- Accepted / Not Accepted :

General Secretary

Branch Secretary