

My Poshtell Application No.: Ref No:.....

Academic Year:2025-26 Academic Period: Start ____/____/____ End: ____/____/____(MM/YYYY)

Personal Details:

Student's Name*: (As per College Id card)

Application Gender* (Tick): ☐ Male ☐ Female Blood Group.....

Mobile No* (+ 91): Nationality.....

Email ID*:

Religion:..... DOB:

Passport Size
Photo

Permanent Home Address*:

.....State.....Dist.....Pincode.....

Government Issued ID No.*: (Submit a copy of ID proof along with application) Government Issued Document: PAN / Aadhar / DI / Voter ID / Passport / Others

Person with Disability ☐ Yes ☐ No Describe

Type of Quota: ☐ CET ☐ DCET ☐ JEE/Comed K ☐ International ☐ UNIGAUGE ☐ Others

Academic Details:

Institution:☐ School of Engineering ☐ CDSIMER ☐ AHS ☐ Nursing ☐ Physiotherapy ☐ Pharmacy

Course*: Branch*:

University Student No.(USN)*: University Application No.:

Academic Standing* (Tick): ☐ 1st Year ☐ 2nd Year ☐ 3rd Year ☐ 4th Year ☐ 5th Year ☐ PG ☐ Others

Hostel Details:

S' Residences Boys Hostel ☐ 4 Sharing ☐ 3 Sharing

S' Residences Girls Hostel ☐ 2 Sharing ☐ 4 Sharing (Dormitory)

DSU Girls Hostel ☐ 3 Sharing ☐ 4 Sharing

Academic Year ☐ 2024-2025 ☐ 2025-2026 Meal Plan Subscription Type: ☐ Veg ☐ NonVeg

Document Category

☐ My Poshtell Registration ☐ Room Key Hand over ☐ Access Card Issued

☐ Govt. Issued ID Proof of Student ☐ Digital Passport Size Photo

☐ Govt. Issued Address Proof of Student ☐ Bank Payment Transactions Details - Hostel

☐ Student Hand Book - 2025-26 ☐ Bank Payment Transactions Details - Mess

☐ Students Residences Lease Agreement ☐ Declaration Form

☐ S' Residences Housing Policy Document ☐ Others (If any).....

Parents Details:

Father's Name*:Mother's Name:
 Father's Mobile* (+91) :Mother's Mob* (+91)
 Father's Email ID*:Mother's Email ID*:
 Local Guardian Name*:Emergency Contact Name*:
 Relationship to the Applicant:Mobile No*: (+91):

Fees Payment Details: *

S' Residences Fee Payment Info

☐ NEFT ☐ RTGS ☐ IMPS ☐ DD ☐ Cheque ☐ Wallet ☐ UPI ☐ Transfer

Receipt No:

Invoice No:

Invoice Date:.....

Name of the Person or company that made the payment

.....

Bank Ref No:

.....

Bank Ref Date:

Total Amount Paid:

Outstanding / Balance due:

Remarks :

.....

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Raynham Ventures (P) Ltd, Fee Payment Info

☐ NEFT ☐ RTGS ☐ IMPS ☐ DD ☐ Cheque ☐ Wallet ☐ UPI ☐ Transfer

Receipt No:

Invoice No:

Invoice Date:.....

Name of the Person or company that made the payment

.....

Bank Ref No:

.....

Bank Ref Date:

Total Amount Paid:

Outstanding / Balance due:

Remarks :

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Disclaimer and Consent:

The information provided in this form is true as per my knowledge. I understand that the housing application made to S' Residences does not guarantee a preferred room allotment as it is on first come first serve basis. I also understand that I need to make a full (100%) advance payment for the room allotment and mess fee prior to the commencement of the term. Further, I allow S' Residences to keep in records above given information and I also allow them to contact my parents/ relatives/ guardians or emergency

Student's Signature Here

Place : Harohalli

Date :

Only for office use

Department NOC

Hostel - Accounts	Mess - Accounts	Warden	IT - Access	Admin / Facilities