



HOSTEL APPLICATION FORM

KOLEJ TEKNOLOGI PERAK
(wholly owned by Institut Teknologi Perak Sdn. Bhd. - 418539-P)

ITPSB/CSU/QP/007-F01
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SECTION A: STUDENT PARTICULARS		
Name:		IC/Passport No:
Home Address:		
Intake Date:		Expected Check-In Date:
Program :		Course/ Semester :
Hand Phone No:		Email Add:
Nationality:		
Student's Signature :		
.....		
Date :		
SECTION B: PARENT(S) OR GUARDIAN(S) PARTICULARS		
Father's Name:		H/P No. :
Mother's Name:		H/P No. :
Contact Address:		
SECTION C: PERSON TO CONTACT IN CASE OF EMERGENCY		
Name:		Relationship:
Hand Phone No:		House No. / Office No:
SECTION D: MEDICAL HISTORY		
Allergies:		Blood Type:
Symptom:		
If you are physical disable, please state the nature of disability. If not, please write 'NIL'		
Any medical condition which may be of concern other that stated above:		
SECTION E: FOR OFFICE USE ONLY		
Apartment :	Room :	Check-in date :
Checked by Resident Officer:	Verified by Account Department:	Approved by CSU:
.....	Payment RM
Name :	Name :	Name :
Position :	Position :	Position :
Date :	Date :	Date :