

HOSTEL FACILITY

(Incomplete Form will not be accepted)

SEMESTER _____ Semester Start Date: _____
(For which hostel facility is required)

Semester End Date: _____

Name of Student: _____ s/o _____

Case Roll No: _____

Contact No: _____ Father/Guardian
Contact No. _____

Residential Address: _____

HOSTEL DUES

Dues Payable to SS CASE IT (alongwith hostel form)		Total
Securities (refundable)	5,000	7,000
Admission Fee (Non Refundable)	2,000	
Dues Payable at Hostel (alongwith copy of hostel form)		
Monthly Hostel Fee	12,000	12,000

Nature of accommodation: 3 persons sharing room (with Bed)

IMPORTANT INSTRUCTIONS:

1. Monthly hostel fee MUST be paid within 07 days of due date, directly at hostel.
2. Hostel facility is provided for complete year and can not be discontinued within the year.
3. In case of continuation of hostel facility for upcoming year, only monthly fee will be payable.

CONSENT

I, _____ CASE Roll No. _____
do hereby agreed with the above mentioned terms & conditions and show my consent to avail
the hostel facility. Furthermore, I bind myself for the timely payment of the hostel fee.

Signatures
Student

Signatures
(Parents/Guardians)

Approved by:

Facilities include:

Furnished rooms
High Speed Internet and Wifi
2 times Meal (Healthy and quality food)
3 times Meal (only on weekend / Gazetted Holidays)
Additional facilities includes: Laundry, Room Cooler/AC, Heater
(will be charged as per actual)

For more information contact:

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