

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

Description		Total
Securities (refundable)	5,000	59,000
Admission Fee (Non Refundable)	2,000	
Monthly Hostel Fee @ of Rs: 13,000/- per month	52,000	

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

IMPORTANT INSTRUCTIONS:

1. Monthly hostel fee MUST be paid for complete semester in advance at the time of admission.
2. Hostel facility is provided for complete year and can not be discontinued within the year.
3. Hostel facility can be discontinued after completion of one year BUT before the start of semester (1st week).
4. In case of discontinuation of hostel facility during semester only hostel security is refundable.

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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