

Bestie Paying Guest

Admissions Form

Your
Image

Full Name: _____

Age: _____ Your Contact Number: _____

Emergency Contact:

I. Local Contact Name: _____ Local Contact Number: _____

II. Parent/Guardian Name: _____

Parent/Guardian Number: _____

Permanent Address: _____

_____ District: _____

Taluka: _____ State: _____ Pincode: _____

Aadhar ID proof Number: _____

College/Company Name: _____

Purpose of Living: _____

Do you have a vehicle? Yes No If yes, Vehicle Number: _____

Date of Joining: □□/□□/□□□□

Deposit: □□□□□ Rent: □□□□□ Meter-Reading: □□□□□□□□

Your Signature: _____