SANT LONGOWAL INSTITUTE OF ENGINEERING AND TECHNOLOGY

(Established by: Govt. of India; Deemed to be University)

Longowal -148106 Dist.: Sangrur (Punjab) INDIA

Tel:91-1672-253558

Email: cwo@sliet.ac.in

Date: - 12 - 06 - 25

Chief Warden Office (B.H)

Ref. No./SLIET/CW/BH/ 231 - 236

NOTICE

The Hostel Allotment Schedule for the Academic Session 2025-26 as mentioned below is to be followed in all Boys Hostels (BH-1 to BH-10).

Boys Hostel No.	Batch wise Distribution	No. of Students to be accommodated	Hostel seats	Remarks
	JEE-2024 + BSC 2024 +Backlog	220 + 10+10 = 240	243	The second of the second
2	ICD- 2024	204	243	
3	UG FINAL YEAR (JEE-2022 & LEET-2023) GCS, GEE, GIN, GME-2022	330+110*	243	*110 vacant Seats to be allotted to the UG- 2023 pre-final year
4	UG FINAL YEAR (JEE-2022 & LEET-2023) GEC, GCT, GFT, GME-2023		243	students on trade wise merit basis.
5	ICD-2025	245	246	
6	JEE 2025 + Integrated MSc 2025	245+10	243	# 1 C * 2
7	LEET- 2025	245	249	
8	ICD-2023	193	249	
9	UG -JEF-2023 & LEET-2024	240	255	
10	PhD, M. Tech& M.Sc. UG pre-Final year students (JEE-2022 & LEET-2023) on merit basis	105 + 80	251	

All enrolled students will be required to report for allotment of room as per above mentioned schedule along with the following documents:

- 1. No-Dues Certificate from the previous hostel.
- 2. Fee Slip duly self-attested.
- 3. Latest coloured passport size photographs 03 Nos. (Name & Registration no. should be mentioned on the backside of the photograph)
- 4. Undertaking from students & Parents as mentioned in Students' Guide.(Only Freshers)
- 5. HOSTEL ALLOTMENT FORM and UNDERTAKING (available on Institute Website) will be submitted by student at the time of room allotment.

Chief Warden

Boys Hoste

C.C. to: -

- 1. Director: for kind information pl.
- 2. Dean (SW): for kind information pl.
- 3. Chairman SET-2025: for kind information pl.
- 4. All Wardens/Caretakers: for necessary action pl.
- 5. All Notice Boards
- 6. File copy

Chief Warden Boys Hostel

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DEPARTMENT OF HOSTELS

PROGRAMME: ICD/DEGREE/PG/MBA/PH.D

APPLICATION FOR FORM HOSTEL OPTION & ALLOTMENT OF ROOM IN THE BOYS HOSTELS
(FILL THE FORM IN CAPITAL LETTER)

1.	Name of the Student		
2.	Aadhaar Card No. (Copy Attached)		Affix recent
3.	Copy of Character Certificate of Previous Course/Institute		
4.	Registration No.	: New	
		Previous	(for SLIET Promotes only)
5.	Category (Copy of Certificate Attached) (Whether SC/ST/OBC/ PH/ Gen.)		
6.	Blood Group		
7.	Date of Birth		Identification Marks:
8.	Father's Name		
9.	Mother's Name		
10.	Permanent Postal Address With PIN Code& State	AND THE STREET WITH STREET	
11.	Contact No.	: (F) (Self)	(M)
12,	Email ID	: (Student)	
13.	Local Guardian's Name & Address with Phone No.& E Mail Id (If residing within 30 km. radius area)		
14.	Option (Hosteller/ Day-Scholar)		
15.	Fee Amount Rs.	Fee Receipt No.	Dated

Signature of Father/Mother/Guardian

Signature of Student

SANT LOGOWAL INSTITUTE OF ENGG. AND TECH. LONGOWAL-148106

UNDERTAKING BY THE STUDENT RESIDING IN THE HOSTEL

(ICD AND DEGREE STUDENTS)

L	D/O,S/O
staying in Room Noof the	Hostel No have read the Rules and Regulations given in the
Student Guide and I undertake that I v	vill follow the same during my stay in the hostel, failing which I shall
be liable forfine/disciplinary action.	
Registration No. of the Student:	
Programme/Trade/course:	
Name of the Student:	
Signature of the Student:	
Data	

SANT LONGOWAL INSTITUTE OF ENGG. AND TECH. LONGOWAL-148106

UNDERTAKING BY THE PARENTS OF STUDENTS RESIDING IN HOSTEL

. IF/O/M/O, Ms./Mr						
who	is studying in	and	d residing in room			
no.	Hostel No, I und	dertaken that I will coo	perate with the Hostel			
Authorities and	d provide all the medical	information, if any, of	my ward to the Hostel			
	d will be available on call a					
as and when re						
	ohysically, mentally and aronical disease. He is fit for		t suffering any major			
	nat my ward will not keep		Institute.			
 I/We underta hostel/Institu 	I/We undertake that I/We shall be fully responsible for my/our belongings in the hostel/Institute and shall not put/ forward any claim before the Institute in case of damage/missing.					
	solemnly affirm that I/We Guide and verified that the					
untrue, the in	my/our knowledge and b nstitute can cancelthe hos whatsoever in this regard	stel seat and I/We unde				
i. I/We also un the Institute.	dertake that I/We shall a	bide by the decisions, r	ules and regulation of			
ensure that my wa	e that my ward and me a ard shall follow the Rules ide or outside the hostel.	그리는 그는 사람들은 아이들이 아이들이 가는 것이 되었다. 그리고 아이들이 얼마나 되었다면 하는 것이 없는 것이 없었다.	뭐요요 그리는 아니라 그렇게 되는 이렇게 얼마나 하는 이 사람들이 하는 사람들이 어떻게 되었다면 내가 없어서 모든 사람들이 되었다.			
Name of Student: _		Signature of Studer	nt			
Name of Parent:		Signature of Parent _				
Address:						
Mobile No.						
HODIIC 110.						
\a_1\a_7\a_7\a_7\a_7\a_7\a_7\a_7\a_7\a_7\a_7						