



REGISTRATION FORM
FIJI NATIONAL UNIVERSITY HALLS OF RESIDENCE
CAMPUS: _____

Attach coloured
 passport size
 photo here

Surname: _____	First Name: _____	FNU ID Number: _____
Gender: _____	Ethnicity: _____	Religious Dinomination: _____
Do you suffer from any illness or disability?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please specify: _____		

HOME ADDRESS: _____ _____		CONTACT PERSON IN EMERGENCY: _____ _____	
Telephone: _____	Mobile: _____	Telephone: _____	Mobile: _____

SPONSORSHIP DETAILS

Self <input type="checkbox"/>	Employer <input type="checkbox"/>	Others <input type="checkbox"/>	Specify: _____
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Current Program Enrolled: _____	Duration: _____
<p>I confirm that I have, today received a copy of the FNU Halls of Residence 'Rules and Regulations. I acknowledge that it is my responsibility to know and observe the provisions thereof and other additional rules and regulations that maybe included from time to time. I also undertake to abide by the decisions of the FNU Halls of Residence Management in the event of breachof any other rules and regulations.</p>	
Signature: _____	Date: _____

FOR OFFICIAL USE ONLY					
Approved <input type="checkbox"/>		Not Approved <input type="checkbox"/>		Room Number: _____	
Check-in	Check-out	No. of Days/Weeks	Amount Due	Amount Paid	Receipt #

Residence Administrator: _____ Date: _____

Remarks: _____ _____ _____ _____
