

KITCHEN KING

MESS FORM

Date: _____
Admission No. _____

Please affix
student's
photograph
here

STUDENT INFORMATION

Student Name: _____ Cadet No.: _____
Date of Birth: _____ Gender: _____ Blood Group: _____
Class: _____ Stream: _____ Course: _____
Weight: _____ Height: _____
Any Medical History: _____

PARENT'S INFORMATION

Father Name: _____ Mother Name: _____
Contact No.: _____ Contact No.: _____
Residential Address: _____

FEATURES

- 3 times meal (Breakfast, Lunch, Dinner)
- Special Meals on special occasions
- Light meals under any medical requirements
- Evening Snacks (Tea/Coffee)
- Milk
- Fruits

Signature of Parent's

Signature of Administrator

Signature of Student