



**HOSTEL ADMISSION FORM**

Session 2019 - 2020

1. Name of Student : \_\_\_\_\_

2. Students's (a) Date of Birth : \_\_\_\_\_ (b) Sex (M/F) \_\_\_\_\_ (c) Mother Tongue \_\_\_\_\_  
(d) Religion : \_\_\_\_\_ (e) Nationality : \_\_\_\_\_ (f) Mobile No. : \_\_\_\_\_

3. Father's Name : \_\_\_\_\_ Ph. No. : \_\_\_\_\_ Signature : \_\_\_\_\_

4. Mother's Name : \_\_\_\_\_ Ph. No. : \_\_\_\_\_ Signature : \_\_\_\_\_

5. (a) Local Guardian's Name : \_\_\_\_\_  
Relationship of the Local Guardian with the student : \_\_\_\_\_ Signature : \_\_\_\_\_

6. **Address :**  
Permanent : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone No. : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
e-mail: \_\_\_\_\_

7. Food habit of student :  Veg.  Non - Veg.

8. (a) Details of major illness, if any, during last 3 years : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(b) Restriction on medicine, if any : \_\_\_\_\_  
\_\_\_\_\_  
(c) Blood Group of the student (attach original proof) : O+ \_\_\_\_\_

9. Payment details of Hostel Fees : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Signature of (a) Student : \_\_\_\_\_  
(b) Parent / Guardian : \_\_\_\_\_

**FOR OFFICE USE**

Room No. allotted :

Enrollment No :

\_\_\_\_\_  
*Signature*

Date : \_\_\_\_\_