

GOVERNMENT MEDICAL COLLEGE:NIZAMABAD
APPLICATION FOR ADMISSION IN TO MEN'S/GIRL'S HOSTEL

APPLICATION NO:

HOSTEL ADMISSION NO:

1. NAME: AFFIX
2. FATHER'S NAME: PASSPORT SIZE PHOTO
3. DATE OF BIRTH:
4. NATIVITY PLACE:
5. YEAR OF ADMISSION IN GOVERNMENT
MEDICAL COLLEGE,NIZAMABAD:
6. ANY SCHOLARSHIP HOLDER?:
IF SO WHAT CATEGORY:

ADDRESS PERMANENT:	ADDRESS LOCAL:
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TELEPHONE NO(HOME):

LOCAL:

MOBILE NO(SELF):

PARENT:

CERTIFIED THAT SRI./KUM. _____ S,D/o. _____

STUDYING IN MBBS 1ST YEAR IS A BONAFIED STUDENT OF THIS GOVT.MEDICAL COLLEGE, NIZAMABAD.

ADMINISTRATIVE OFFICER(HOSTEL)/PRINCIPAL.

I HEREBY DECLARE THAT I SHALL ABIDE BY THE RULES AND REGULATIONS OF THE HOSTEL, IF I ADMITTED AND I DECLARE THAT THE ABOVE PARTICULARS MENTIONED ARE TRUE TO BEST OF MY KNOWLEDGE.

SIGNATURE OF THE STUDENT
NAME OF THE STUDENT(_____)

SIGNATURE OF THE PARENT/GUARDIAN

ENCLOSURES:

1. AFFIDAVIT ON RS.10/- STAMP PAPER.
2. ADMISSION ORDER/CARD.
3. RESIDENCE PROOF.
4. 2 PASSPORT SIZE PHOTOGRAPHS.
5. 2 SELF ADDRESSED ENVILOP COVERS.
6. DECLARATION FORM.

NOTE:*INCOMPLETE APPLICATIONS WILL BE REJECTED & NOT ELIGIBLE FOR ADMISSION.
FOR OFFICE USE ONLY

ACCEPTED/REJECTED

ROOM NO.ALLOTTED:

AMOUNT PAID:

DATED:

WARDEN

A.O.(HOSTEL)

PRINCIPAL
