



**SHAHEED HASAN KHAN MEWATI GOVT. MEDICAL COLLEGE**  
**NALHAR (MEWAT)**

Sr. No.....

Date.....

**HOSTEL APPLICATION FORM**

(All entries must be in capital letters)

Sir/Madam,

I wish to apply for providing accommodation in the hostel provided by SHKM GMC, NALHAR for the academic year \_\_\_\_\_

I furnish the following particulars:

**I. PERSONAL DATA:**

- 1) Full Name (with Surname) \_\_\_\_\_
- 2) Roll No. \_\_\_\_\_
- 3) Rank \_\_\_\_\_
- 4) Date of Birth \_\_\_\_\_
- 5) Nationality \_\_\_\_\_
- 6) Category \_\_\_\_\_
- 7) Residential address \_\_\_\_\_  
\_\_\_\_\_
- 8) Tel No, (M) \_\_\_\_\_
- 9) Email \_\_\_\_\_

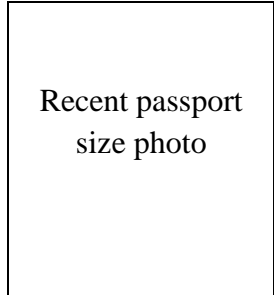
Recent passport  
size photo

**II. FAMILY DETAILS: -**

- A) 1. Name of the Father \_\_\_\_\_
2. Occupation \_\_\_\_\_
  3. Designation \_\_\_\_\_
  4. Office Address \_\_\_\_\_
  5. Email \_\_\_\_\_
  6. Tel No. (M) \_\_\_\_\_  
(Residence with STD Code \_\_\_\_\_)

Recent passport  
size photo

- B)** 1) Name of the Mother \_\_\_\_\_  
 2. Occupation \_\_\_\_\_  
 3) Designation \_\_\_\_\_  
 4) Office Address \_\_\_\_\_  
 4) Email: \_\_\_\_\_  
 5) Tel. No. (Mob) \_\_\_\_\_  
 (Residence with STD Code) \_\_\_\_\_



**III. UNDERTAKING BY THE STUDENT**

I \_\_\_\_\_, declare that the information given above is true to the best of my knowledge. I agree that if any information furnished above found incorrect anytime I shall be liable for disciplinary action. I hereby submit that I have read and understood the hostel rules and regulations (available on college website) and will abide by the rules and regulations of the hostel in force from time to time

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

Signature of the Applicant

**IV. UNDERTAKING BY PARENTS:**

**A.**

I ..... ,hereby declare that Mr./Ms.....is my ward. I nominate Shri/ Mrs.....,the relevant information about whom is furnished below, as his/her local guardians.

**LOCAL GUARDIAN:**

- 1) Full Name \_\_\_\_\_  
 2) Occupation \_\_\_\_\_  
 3) Designation \_\_\_\_\_  
 4) Address \_\_\_\_\_  
 \_\_\_\_\_  
 4) Email \_\_\_\_\_  
 5) Tel. No. (Mob) \_\_\_\_\_  
 (Residence with STD Code) \_\_\_\_\_

-----**B. MEDICAL INFORMATION**

Allergies/Hypersensitivities: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

\_\_\_\_\_

Medication (if any): \_\_\_\_\_

Blood Group: \_\_\_\_\_

C.) I....., give an undertaking that my ward ..... has read and understood the hostel rules and regulations(available on college website) and will abide by the same. If my ward violates any rules and regulations of the hostel, disciplinary action may be taken against him /her in accordance to the disciplinary rules of the college.

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

Signature of the Parent

**For Office use**

1. Hostel Fees

Received vide receipt no.: \_\_\_\_\_ dated \_\_\_\_\_ through  
cash/D.D/P.O.No. \_\_\_\_\_ dated \_\_\_\_\_ drawn on  
\_\_\_\_\_ for Rs. \_\_\_\_\_.

2. Date of allotment \_\_\_\_\_

3. Hostel allotted \_\_\_\_\_

4. Room allotted \_\_\_\_\_

5. Caution Money (Refundable) \_\_\_\_\_

6. Mess security \_\_\_\_\_

7. If any time room changed

a) New room allotted \_\_\_\_\_

b) Date of allotment \_\_\_\_\_

Dated \_\_\_\_\_

Signature of Hostel Supervisor

Signature of Chief Warden/ Warden