

HOSTEL APPLICATION FORM FOR ADMISSION



DIAMOND HARBOUR GOVT. MEDICAL COLLEGE & HOSPITAL

New Town, Diamond Harbour, South 24 Parganas, West Bengal, 743331

APPLICATION NO:

ACADEMIC YEAR

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APPLICANT'S DETAILS

Name of the Candidate:

(IN BLOCK LETTERS) Date of Birth...../...../.....

Mobile No:..... WhatsApp No:..... Gmail Id:.....

Blood Group.....

Last Exam Passed..... Year.....

School /College..... Board/University.....

Gender..... Category (General/SC/ST/OBC-A/OBC-B)

Permanent Address

..... Contact No.....

Name of the Parent/Guardian:

Mobile No. of Parent Gmail ID

Name & Address details of Local Guardian

Medical History

UNDERTAKING BY LOCAL GUARDIAN

1.I,..... do hereby agree to be the Local Guardian of

I have personally known him/her for the last years.

2. I will take him/ her away from the hostel in times of illness and distress or as may be required by the Hostel Administration. I understand that the Hostel Administration is not liable to look into the details of hospitalization & treatment etc.

3. I undertake that I will be available as and when Hostel Authorities require me in case of emergency.

4. I undertake to duly sign him/her Night leave and Proforma as per hostel rules.

5. I hereby declare that the Address and Contact Numbers given above in admission form is true to the best of my knowledge and belief, and can be verified by hostel authorities.

6. I am fully aware and understand that if I fail to fulfill my above mentioned responsibilities, the admission of my ward in the hostel will be cancelled.

(Full Signature of Parent with date)

(Full Signature of Local Guardian with date)

Name:

Name: