

# ONE BEAT COLLEGE OF MEDICAL SCIENCES

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## HOSTEL FORM

NAME OF THE CANDIDATE:- .....  
NATIONALITY:- .....  
DATE OF BIRTH:- .....  
ADMISSION NO:- .....  
DEPARTMENT AND COURSE OF STUDY:- .....  
DATE OF JOINING INSTITUTE:- .....  
DATE OF JOINING THE HOSTEL:- .....  
NAME OF THE PARENT: FATHER:- .....  
MOTHER:- .....

AFFIX RECENT  
PASSPORT  
SIZE  
PHOTOSIZE  
PHOTO

MOBILE NO : a. CANDIDATE: ..... GUARDIAN:.....

REASON FOR STAYING IN HOSTEL:- .....  
HISTORY OF ANY CHRONIC ILLNESS:- .....  
PRESENT ADDRESS OF THE PARENT:- .....  
.....  
PERMANENT ADDRESS OF THE PATIENT:- .....  
.....  
DETAILS OF HOSTEL PAYMENT:- .....

### UNDERTAKING BY THE PARENTS

I..... HEREBY DECLARE THAT Ms/Mr..... IS MY WARD. I NOMINATE ..... IS THE RELEVANT INFORMATION ABOUT WHOM IS FURNISHED BELOW, AS HIS/HER LOCAL GUARDIAN. IF MY WARD ..... VIOLATES ANY RULES OR REGULATIONS OF THE HOSTEL, DISCIPLINARY ACTION MAY BE TAKEN AGAINST HIM/HER IN ACCORDANCE WITH THE DISCIPLINARY RULES OF THE INSTITUTION.

### NAME AND MOBILE NO OF LOCAL GUARDIAN

ADDRESS OF LOCAL GUARDIAN: .....  
.....  
.....

PHOTO OF  
GUARDIAN

I MS/MR .....HAVE READ THE HOSTEL RULES AND AGREE TO FOLLOW THE HOSTEL RULES.

DATE:

SIGNATURE OF STUDENT

I UNDERTAKE THAT THE INFORMATION GIVEN BY MY WARD IS TRUE AND HE/SHE WILL ABIDE BY THE HOSTEL RULES.

DATE:

SIGNATURE OF PARENTS

### OFFICE USE ONLY

NAME OF THE CANDIDATE:  
DEPARTMENT AND COURSE OF STUDY:  
ROOM ALLOTTED:  
DATE AND TIME OF ENTRY INTO THE ROOM:  
DETAILS OF PAYMENT: