**ONE BEAT PARAMEDICAL INSTITUTE-1223**

SANTGARH NAGAR, BHIRA, LAKHIMPUR, U.P-262901

**HOSTEL FORM**

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NAME OF THE CANDIDATE:-…………………………………………………………...

NATIONALITY:-……………………………………………………………………………….

DATE OF BIRTH:-……………………………………………………………………………..

ADMISSION NO:-…………………………………………………………………………….

DEPARTMENT AND COURSE OF STUDY:-…………………………………………

DATE OF JOINING INSTITUTE:-……………………………………………………….

DATE OF JOINING THE HOSTEL:-……………………………………………………..

DETAILS OF HOSTEL PAYMENT:-…………………………………………………….

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

REASON FOR STAYING IN HOSTEL:-………………………………………………..

HISTORY OF ANY CHRONIC ILLNESS:-…………………………………………….

**DETAILS OF THE PARENT**

FATHER:-…………………………………………………………………………

MOTHER:-………………………………………………………………………..

BROTHER:-………………………………………………………………………..

PARENT MOBILE NO. 1………………………………………………….

2…………………………………………………

3…………………………………………………

PRESENT ADDRESS OF THE PARENT: ……………………………………………………………………………………………………….. ………………………………………………………………………………………………………………………………………………………………….

PERMANENT ADDRESS OF THE PARENT: ………………………………………………………………………………………………… …….. …………………………………………………………………………………………………………………………………………………………

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**UNDERTAKING BY THE PARENTS**

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

I ……………………………………………………..ALLOW/ NOT ALLOW HIM/HER TO GO ALONE FOR HOME/OUTING.

IN CASE OUT SIDE THE COLLEGE CAMPUS STUDENT INDULGING IN MISBEHAVIOR,MISCODUCT IN ANY ACT OF INDISCIPLINE THAN ORGANIZATION /MANAGEMENT WILL NOT RESPOSIBLE.

**DETAILS OF LOCAL GUARDIAN**

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|  |  |  |
|  | PHOTO OF  GUARDIAN |  |
|  |  |  |

NAME :-……………………………………………………………...

RELATION WITH STUDENT:………………………………..

MOBILE NO………………………………………………………..

ADDRESS OF LOCAL 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 **SON/DOUGHTER** 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:…………………………………………………………………………………