MES MEDICAL COLLEGE, PERINTHALMANNA

APPLICATION FOR ADMISSION TO MEN'S HOSTEL / LADIES HOSTEL

| 1. Name of the applic | ant : | | | | |
|--------------------------------------|--|-----------|--|--|---|
| 2. Course | • | | | | |
| 3. Gender | | : Female | | Male | |
| 4. Age & Date of Birt | ch : | | | | |
| 5. Father's name & A | Address : | T. | | | |
| | | | | , selje po 1903, best grandational otto | |
| 6. Permanent addres | s with phone no : | | | e kara sakader T | |
| | | | | ing special of a | |
| 7. Present address w | ith phone no : | | | | |
| | | | | | |
| Residence: | Off | ice: | M • | obile: | |
| 8. Address of local G | uardian : | | · | and the second of the second o | |
| • | | | W | | |
| | | • | er in de la companya | | |
| Residence: | Office: | | Mobile: | | |
| 9. Name & address the person to be c | with phone no of : contacted in case of | emergency | | | 1985年 - 1985年 |

| 10. Do you belong to scheduled caste: or scheduled tribe? | |
|---|--|
| If yes, specify the caste : | |
| | |
| 11. Any other relevant information : regarding health problem/allergy to any other food or any other articles | |
| (Two passport size photographs are also to l | be produced) |
| <u>DE</u> | CCLARATION |
| I | do hereby declare that the |
| information furnished overleaf are true. I als | so do hereby agree to abide by the hostel rules now in |
| vogue and to any modifications to the said remess and other charges before the stipulated | ales made from time to time. I shall also pay the rent |
| | |
| , | Signature of the student |
| Counter signed by the parent : | |
| Name : | |
| Date : | |
| | |
| | |
| | |
| Office use only | |
| Registration charges collected Rs. | Date: |
| Applicant is admitted to Room no: | |
| Warden / Asst. Warden : | |
| Date : | |