MES MEDICAL COLLEGE, PERINTHALMANNA

APPLICATION FOR ADMISSION TO MEN'S HOSTEL / LADIES HOSTEL

| 1. | Name of the Applicant | : | | | |
|----|--|------------------|-----------|------|---------|
| 2. | Course | : | | | |
| 3. | Year of Admission | : | | | |
| 4. | Gender | : F | Female | Male | |
| 5. | Age & Date of Birth | : | | | |
| 6. | Father's Name & Address | : | | | |
| | | | | | |
| | | | | | |
| 7. | Permanent Address with Phone I | Number | : | | |
| | | | | | |
| | | | | | |
| 8. | Present Address with Phone Num | nber: | | | |
| | | | | | |
| 9. | Residence: Address of Local Guardian : | | Office: | | Mobile: |
| | | | | | |
| | Residence: | | Office: | | Mobile: |
| 10 | . Name & Address with Phone no person to be contacted in case o | of the of emerge | : ency | | |

| 11. | Do you belong to Scheduled C If yes, please specify the caste | | | | |
|-----|--|-----------------------------|---|--|--|
| | | | | | |
| | | | | | |
| | Any other relevant information | | | | |
| | health problem / allergy to any food or any other articles | y other | | | |
| | food of any other articles | | | | |
| | | | | | |
| | (Two passport size photograph | hs are also to be produced) | | | |
| | | | | | |
| | | | | | |
| | | DECLARATION | | | |
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| | I, | | | | |
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| | | | | | |
| | snall also pay the rent, mess and other | | | | |
| | charges before the stipulated d | late. | | | |
| | | | | | |
| | | | Name & Signature of the Student | | |
| | Countersigned by the parent | | - · · · · · · · · · · · · · · · · · · · | | |
| | Name : | | | | |
| | Signature : | | | | |
| | Date : | | | | |
| | | | | | |
| | | | | | |
| | | OFFICE USE ONLY | , | | |
| | | OFFICE USE ONLY | • | | |
| | | | | | |
| | Registration Charges Collected | d Rs. | • | | |
| | Applicant is admitted to Room | 1 No. : | • | | |
| | | | | | |
| | Warden / Asst Warden | : | | | |
| | Date | : | | | |
| | | | | | |