

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 **TO**

APPLICANT'S DETAILS

Affix Colour
passport size
photograph
here

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

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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:

NOTE: PHONE /MOBILE NUMBERS AND ADDRESSES MUST BE OPERATIVE AT ALL TIMES. THE COLLEGE HOSTEL SHOULD BE INFORMED OF ANY OR ALL UPDATES

UNDERTAKING FROM PARENTS WITH REGARDS TO RAGGING, ALCOHOL AND DRUG ABUSE

My Son/Daughter will strictly refrain from inflicting physical, mental and/or emotional harm (Ragging) on any member of the student and staff bodies, Should He/She be found guilty of such action, the institution has every right to hold him/her responsible for the consequences and be subjected to rustication with immediate effect.

My Son/Daughter has no past record of indulgence in any type of drug use or consumption of alcohol. I take full the responsibility that he/she will continue to maintain non indulgence in drugs and alcohol throughout his/her stays in the Hostel. If at any stage of his/ her stay in the Hostel, he/she found under the influence, possession or consumption of Drugs or alcohol I will accept appropriate punishment, fine or both imposed on my ward by the Hostel and College Authorities.

Signature of the parents with date

Full Signature of Student with date

Father/Mother Name.....

Name.....

DECLARATION BY THE APPLICANT

1. This application is being made in full knowledge of my parents/ local guardian.
2. I hereby declare that in case I remain absent from the hostel for more than one month without intimation to the Hostel Authorities, the room allotted to me is liable to get vacated by the Hostel Authorities.
3. I have read the rules and regulations of the hostel and undertake to abide by them. I shall not plead ignorance of regulations that are notified from time to time.
4. I vouch for the correctness of the particulars given by me in the application form. I understand that if the particulars given by me are found to be incorrect my admission will be cancelled.
5. I hereby declare that I shall be responsible for any kind of theft/fire in my room.
6. I undertake to inform the authorities, in writing of any change in any of the particulars given above as and when they occur.
7. I declare that the information provided in this form is correct and can be verified any time.
8. I shall not misbehave with any of the hostel authorities or staff serving in the hostel and shall not obstruct them from performing their duties for the smooth functioning of the hostel administration.
9. I shall regularly participate in all the hostel meetings, and other cultural/sports activities.
10. I shall not degrade the hostel environment.
11. I shall not cause any discomfort to my fellow residents.
12. I declare that I am not suffering from any infectious, chronic or any other disease, which makes me, unfit for stay in the Hostel.
13. I also declare that I am not suffering from asthma, epilepsy or any other medical problem which requires immediate medical attention.

Date:

Full Signature of the Applicant

Documents Enclosing with: 1) Admission Letter, 2) Address Proof (Any two), 3) Fee Receipt.

TO BE FILLED BY THE HOSTEL OFFICE

Hostel Fee Rs. Received vide Receipt No.

Dated Room No.....

(Hostel Superintendant)

(Dealing Clerk)