



GOVERNMENT MEDICAL COLLEGE, KHANDWA

Mundi Road, Khandwa (M.P.) 450001, Ph. -0733-2245000, Fax 2245001

S.NO _____

DATE :-

APPLICATION FOR ADMISSION IN THE HOSTEL (TO BE FILLED BY THE STUDENTS)

NAME OF CANDIDATE	:-	_____	PHOTO
FATHER'S NAME	:-	_____	
MOTHER'S NAME	:-	_____	
DATE OF BIRTH	:-	_____	
SEX : MALE/FEMALE	:-	_____	
STUDENT'S MOBILE NO.	:-	_____	
FATHER'S MOBILE NO.	:-	_____	
MOTHER'S MOBILE NO.	:-	_____	
NEIGHBORS CONTACT NO	:-	_____	
FATHER'S OCCUPATION	:-	_____	
MOTHER OCCUPATION	:-	_____	
STUDENT'S BLOOD GROOP	:-	_____	
LOCAL GAURDIAN (NAME)	:-	_____	
MOBILE NO	:-	_____	
LOCAL ADDRESS	:-	_____	
		CITY :- _____ PIN CODE :- _____	
PERMEMENT ADDRESS	:-	_____	
		CITY :- _____ PIN CODE :- _____	
FEE STATUS (YES/NO)	:-	_____ RECEIPT NO :- _____	

MY WARD SHALL ABIDE BY THE RULES AND REGULATIONS PRESCRIBED IN THE PROSPOSED AND OTHER NOTIFICATIONS

SIGNATURE OF PARAENTS/GAURDIAN

SIGNATURE OF STUDENT

OFFICE OF CHIEF WARDEN
(FOR OFFICE USE ONLY)

S.NO _____

DATE :-

ALLOTTED ROOM NO _____ WING NO _____

CHIEF WARDEN
(BOY'S/GIRL'S)
GOVERNMENT MEDICAL COLLEGE,
KHANDWA (MP)
MOBILE NO :-