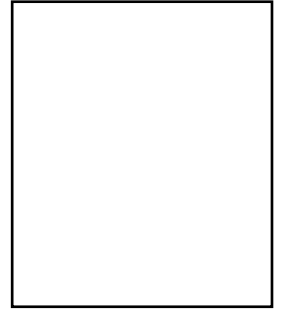


KESHAV AYURVEDIC MEDICAL COLLEGE & HOSPITAL
AKLERA, JHALAWAR RAJ.
HOSTEL ADMISSION FORM



Name Of Student :-----

(In capital latter)

Name Of Student: -----

(In Hindi)

Father's Name:-----

Date of brith (DD/MM/YYYY):-----

Category:-----

Pramanent Address:-----

Number of mobile – 1.Student-----

2.Father-----

3. Guardian-----

E-mail Id-----

Date of Admission -----

Declaration by Student

I, do hereby assure that in case I am admitted to the institute Hostel, I shall abide by the rules of the hostel and shall also obey to the orders and instructions of the Hostel Warden. I shall also obey to the rules of the hostel-mess and shall never indulge in any in disciplinary act. I further assure that in the event of any violation of Rules of the Hostel/Hostel-Mess, the action taken by the institute shall be binding on me

Name and Signature of the Parent/Guardian

Name and Signature of the Student

FOR OFFICE USE ONLY

Name of the Program _____ Room No. _____

Roommate's Name _____ Class _____

Room handed over with the following Furniture _____

Admitted to hostel on _____

Amount Paid _____ Receipt No. _____

Place _____

Date _____

Signature of the principal/ Accommodation Manager

