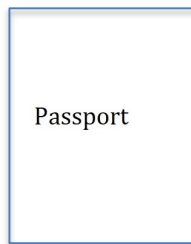


FAKHRUDDIN ALI AHMED MEDICAL COLLEGE & HOSPITAL, BARPETA, ASSAM
APPLICATION FORM FOR HOSTEL ACCOMMODATION

1. SI_No — Date of receipt of application.....
2. Name of Candidate: _____
3. Father's Name and Occupation: _____
4. Mother's name and occupation _____
5. Date of Birth: _____ (dd/mm/yyyy) Sex: Male ☐ Female ☐
6. **Course :** (Tick the appropriate category)
- A. MBBS: 1st Yr ☐ 2nd Yr ☐ 3rd Yr ☐ Final ☐ Intern ☐
- B: P.G. / Post Doctoral/NPGR/SR . 1st Yr ☐ 2nd Yr ☐ 3rd Yr ☐
7. Date and year of admission :



(To be filled in by the Post-graduate students)

1. Subject: _____
2. Likely date for submission/of Thesls/ appearing in the Final Degree/Diploma examination _____
3. Present residential address (if any) _____
4. Permanent Address: _____
5. Parents' Telephone no.: _____ Mobile No: _____
6. Student Contact no/ Mobile No. _____

Date: _____

Signature of the applicant _____

(FOR OFFICE USE ONLY)

Above information has been verified from records and found correct.

He/She is allotted Hostel No _____ Vide office order no : _____

He /She has paid hostel fees of Rs _____ vide receipt no _____ on _____

Office Supdt.
Medical College &
Hospital, Barpeta

Undertaking:

I, hereby declare that the information given by me in Application Form for Hostel Accommodation is true to the best of my knowledge. I have read all the rules given in Annexure and have understood their implications.

I, hereby undertake to abide by the above rules and if the College authorities take any suitable disciplinary action against me for violating of these rules, I will not have any complaint

I, hereby declare that I shall abstain from any tagging activities and also shall help the Anti Ragging Committee. I shall always respect my seniors, staff members of the college, hostel and hospital.

Signature of Applicant_____

Guardian's Signature_____

Full Name of Applicant_____

Guardian's Name_____

Date._____

Address: _____

Tel. No.:_____

Mobile No of Guardian: _____

Mobile No of Student: _____