

**APPLICATION FOR ADMISSION TO THE GOVT.HOMOEOPATHIC
MEDICAL COLLEGE MEN'S/WOMEN'S HOSTEL – CALICUT.**

Academic Year 20 - 20

Name in full (In block letters) :
Admission Number : Course & Year:
Residence Address :

Religion and Caste : Reservation : Yes/ No
Age and Date of Birth :
Diet : Vegetarian / Non Veg
Name and Permanent address- of Parent :
(with contact number)

Name and address with Tel. No of local guardian
who may be contacted in case of emergency :

DECLARATION

I declared that I have carefully read and understood the rules myself. If admitted to the hostel will obey all the rules and regulations of the hostel to help the authorities in the maintenance of good conduct and discipline to get a good example myself to pay my dues punctually and not to leave the hostel unless permitted or directed by the Warden /Chief Warden to do so.

Place: Signature of Applicant.
Date:

FOR OFFICE USE ONLY

Date of Admission: Hostel Roll Number:
Rent along with admission fee, caution deposit and application fee received of Months from
..... 20 to 20

Receipt No. Date:

Section clerk Acknowledged by
Hostel Warden

Chief Warden
(Principal)