

Sri DharmasthalaManjunatheshwaraCollege of Ayurveda &Hospital, Hassan
P.B No.164,B.M Road,Tanniruhalla, Hassan-573201, Karnataka
Ph: 08172-256460, 61Fax:08172-256464
Email:college@sdmcahassan.org

APPLICATION FORM FOR THE ADMISSION OF GIRLS/ BOYS HOSTEL
(FILL THE FORM IN BLOCK LETTERS ONLY)

No:

Affix your
Passport size
Photograph

1. **Name of the Student:**
2. **Name &address of the Parent:**
Name:
Street: **Town:**
District: **State:**
Contact No.
3. **NEET Score/ Mark:** **Percentage in 10+2:**
4. **Occupation of the Parent:**
5. **Is there any of your relative staying in Hostel : Yes/ No**
6. **Class to which admission is sought in College: UG/ PG**
7. **Relatives who may come to see the student in the Hostel**

Sl.No	Name of the Person	Contact No.	Relationship

Declaration

I hereby declare thatIwill obey the rules and regulations of the hostelrevisedfrom time to time.If his/ her conduct is found unsatisfactory in any discipline,I shall have no objection to any strict action taken against him/ her.

Place:

Date:

Student's Signature

Signature of Parent

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FOR OFFICE USE ONLY

Hostel Warden

Principal