

1

## **HOSTEL APPLICATION FORM**

Paste recent PASSPORT size photograph captured not before 01.01.2017 with name and date printed on it.

Signature

1	ward of Mr./Mrs./Ms	is keen to apply for accommodation in
NSHM Knowledge Campus as per availability of the rooms. I do hereby solemnly declare that I will abide by all the Rules and		
Regulations framed by the	Institution.	
PERSONAL DETAILS		
Date of Birth	Sex	
Father's/Guardian's Name.	Contact r	no Email Id
Phone (Father/Mother)	(R)	(M)
LOCAL GUARDIAN (Comp	oulsory)	
· · · · · · · · · · · · · · · · · · ·		
		(M)
Candidate's Signature	Parent's Signature	Local Guardian's Signature
Date	Date	Date
FOR OFFICE USE ONLY		
Course		
Registration no		
Room allotted		
Money Receipt no		

You are requested to bring this form (duly filled in) at the time of Admission.