

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

Ansari Nagar, New Delhi 110029

HOSTEL SECTION

No

Room:

APPLICATION FORM

Name

Fathers Name

Designation

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Code (Please see instructions)

--	--

Department

Date of Birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Gender

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Marital Status

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Date of joining

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Roll No

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expected date of completion of tenure

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These portions of the form are important and kindly update these records during your stay:

Permanent Address:

P I N

Telephone Nos:

(Include STD codes)

e mail address:

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PERSON TO BE CONTACTED IN CASE OF AN EMERGENCY

Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Relationship:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address

P I N

Telephone Nos:

(Include STD codes)

e mail address:

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.....contd/....

Is there any illness or any reason for which you may require special attention by the hostel staff?

e mail address:

Mandatory declaration by all applicants:

1. The above particulars furnished are true to the best of my knowledge and belief
(In case it is found that any of the particulars are wrong / untrue, I shall be liable for action including expulsion from the hostels)
2. I shall abide by the rules of the hostels and take due care of the property of the hostels.
(Failure to abide by the rules of the hostels and damage or loss to hostel property shall invite action and penalty according to the rules of the hostels/ institution)
3. I shall vacate my room if at any time this is required by the authorities and shall vacate the hostel within ten days
(according to current rules) after the completion of my tenure.
(Failure to do so may invite penal rent and action including eviction proceedings)
3. In all matters related to the hostels the decision of the Director / Hostel Superintendent/ or an appropriate authority nominated thereof shall be final
(Kindly read this declaration carefully and sign only if you are satisfied with the above declaration)

Date:

Place:

Signature of Parent/ Local guardian
(in case of undergraduates only)

Signature of applicant

Name:

Relationship::

Address;

**Signature of Forwarding Authority
(Registrar / Head of the Department)
with stamp and date**

CODES FOR FILLING IN THE APPLICATION FORM

Undergraduate:	MBBS	01	All dates: Days/ Months/ Year
	BSc (Nursing)	02	Days: 01 -31
	BSc (Human Biology)	11	Months 01 –12
	BSc (All other branches)	12	Years :2005/2006 etc
Post Graduates:	Junior Residents (Academic)	03	
	Junior Residents (Non-Academic)	31	Gender: Males : 1
	MSc (Nursing)	21	Females:2
	MSc (All Other branches)	32	
Senior Residents (Academic)		04	Marital Status: Single: 1
	Senior Residents (Non-Academic)	05	Married:2
	PhD Scholars	06	
Trainees		07	PIN : PIN Codes in India
Elective Students		08	Telephone Nos: Prefix STD Codes
Others		09	For outstation cellphones prefix '0'

OFFICE USE ONLY:

Security Deposit (in Rupees):

Receipt No: **Date** **Amount**

COMPUTER NO:

Sl No:	Date of Allotment	Hostel	Room No	Date of Vacation	Remarks
1					
2					
3					
4					
5					

Any other remarks: