

GMERS MEDICAL COLLEGE, GANDHINAGAR

APPLICATION FORM FOR HOSTEL ACCOMMODATION FOR MBBS STUDENTS

From:

Name of the student: _____

Year of study: ____ year MBBS/ Intern

Residential address:

Contact number: _____

To,
The Dean,
GMERS Medical College
Gandhinagar.

Sir/Madam,

I am the student of ____ year MBBS/ Intern /1st/2nd /3rd year resident and have taken admission in GMERS medical college ,Gandhinagar in year ____ and desirous of seeking admission to the Hostel. I have read the rules and regulations laid down and I agree to abide by them. I also agree to abide by any other rules as may be enforced from time to time and notified on the notice board.

Thank you

Signature of applicant

NOTE: The accommodation in Hostel is limited and will be given subject to availability and according to the appropriate criteria decided by the college authority. This application thus does not guarantee Hostel Accommodation.

Enclosure:-

1. Copy of Aadhar Card
2. Copy of admission Order
3. 2 passport size photographs
4. copy of security deposit receipt
5. Copy of hostel fee receipt

FOR OFFICE USE ONLY

Hostel in which admission is given **_BOYS HOSTEL/ GIRLS HOSTEL/PG HOSTEL**

Room no. _____

Authorized signature _____