



College of Medicine & Sagore Dutta Hospital
Kamarhati, Kolkata, Pin- 700058

Affix Recent
Passport
Photo

HOSTEL APPLICATION FORM

No.-

Date-

Name of Student (in CAPITAL):

Date of Admission* - in MBBS/MD/MS (.....)/ Other Course (.....)

Age & Date of Birth*:years/...../....., Sex: Male/ Female

Address :

.....

Annual Family Income: Rs. per year

Whether in EWS/BPL (Supportive Documents to be attached) *:

Category: General /SC/ST/OBC/PH (Supportive Documents to be attached) *:

Whether physically and mentally fit :

Mobile no.: &, Email (CAPS):

PAN/Aadhaar/Voter/Any Government Photo ID Card No.*-

Name of Parent/ Guardian (in CAPITAL):

Address :

Mobile no.: &

Email id (in all CAPS):

Name of Local Guardian, if any (in CAPITAL):

Address:

Mobile no.: Email id:

Date:..... Signature in full: (Student)

Date :..... Signature in full: (Parent/ Guardian)

(For official use)

Name of Hostel Allotted:, Room No. :

Amount paid : Receipt No.:

Authorised Signatory with Seal

Declaration by the student

I,, have read the Rules & Regulations for my admission in hostel of this institution and I will abide by all those Rules & Regulations. I agree to maintain the harmony with the others in the hostel. I shall not participate in any type of ragging and I should bring to the notice of the authority, if there will be any such incidence. I agree not to indulge in groupism of any type and shall live in harmony with others in the hostel. I shall not misbehave in any manner including using inappropriate language, physical tiffs and fights with the other inmates/hostel employees/ and local residents of the hostel's neighbourhood. I understand that consumption of alcohol and other objectionable materials in the hostels is strictly prohibited and I will abstain from such act. I know that indulgence in any anti-intuitional or anti-social activity in the hostel or institutional campus is a punishable offence and I will be liable for punishments for indulging in any such act. I declare that I am physically and medically fit to live in the hostel. I also declare that every information about my being Medically /Psychologically unfit in any degree or manner has been bought to the notice of the college authorities immediately, if any, in future. I will not hold the management, college authorities, or the hostel authorities responsible for any consequence which will be a result of suppression f facts. I agree not to cook, not to use electric heater, air-conditioned machines or cooler within the hostel. I will not cause any damage whatever, including defacing to the property including furniture or appearance of room of the hostels and understand that I will be liable to be penalised and punished for doing so. I accept to stay within the hostel premises by the stipulated time and will not to stay out without proper prior permission from concerned authorities. I shall vacate the seat immediately, if asked for by the authorities due to any cause. Finally, I agree to abide by all the rules and regulations of the institution during my stay in hostel, which may be framed from time to time and accept the decision of the institutional authority in all respect as final. Date:
Signature in full: (Student) Declaration by the Parent / Guardian I assure that, student of COM&SDH will abide by the rules and regulations of the hostel. I have no objection if he/she will be expelled from the hostel for violating the rules. Date :..... Signature in full:..... (Parent/ Guardian) All the necessary documents along with Residential/ Address proof (Voter card/Aadhaar card etc), Income certificate (in case of BPL/ EWS etc), Caste certificate (if any) are to be enclosed with the filled up proforma. The application form along with necessary documents is to be submitted by hand/post to the Academic Section, College of Medicine & Sagore Dutta Hospital or via e-mail id- principal.sdmch@gmail.com.

Date-.....

Signature in full: (Student)

Declaration by the Parent / Guardian

I assure that student of COMSDH will abide by the rules and regulations of the hostel. I have no objection if he/she will be expelled from the hostel for violating the rules.

Date:

Signature in full: (Parent/Guardian)

All the necessary documents along with Residential/Address proof (Voter Card / Aadhaar Card) etc.

Income certificate (in case of BPL/EWS etc.), Caste Certificate (if any) are to be enclosed with the filled-up proforma.

The application from along with necessary documents is to be submitted by hand/post to the Academic Section, College of Medicine and Sagore Dutta Hospital or via e-mail id: principal.sdmch@gmail.com