



GOVT COLLEGE OF NURSING MEDICAL COLLEGE THIRUVANANTHAPURAM

Application for Government College Nursing Ladies Hostel

1. Name (Full name in capital letters)	
2. Present address (in Capital Letters)	
3. Religion & Caste	
4. Date of birth	
5. Vegetarian & Non vegetarian	
6. Course in college	
7. Date from which admission is sought (Whether new admission or already admitted)	
8. Name & Permanent address of the parent (in capital letters) with Phone No:	
9. Name & Address for emergency contact (relationship)	
10. Name & address of residents whom the student may visit	

NB: Visitors allowed only on holidays 8 a.m. to 4 p.m.

I hereby declare that I have carefully read and understand the rules and I find myself if admitted to the hostel to obey all the rules and regulation of the hostel to help the hostel authorities in the maintenance of good conduct and discipline, to set a good example myself, to pay my dues punctually and not to leave the hostel unless permitted or directed by the warden to do so.

Station :.....

Date :.....

Signature of student

I undertake to be responsible for the dues of the above named student and for the fulfillment of her promises regarding discipline and conduct in the hostel

Station :.....

Date :.....

Signature of parent/Guardian

FOR OFFICE USE ONLY

Remarks of Asst.Warden

Allotted Room No:

Caution deposit remitted Rs.