



Shri Jagadguru Gurusiddeswhar Co-Operative Hospital Society's  
Sahakar Maharshi Basagouda A. Patil

# AYURVEDIC MEDICAL COLLEGE

Dr. Gangadhar Nagar, GHATAPRABHA - 591 321. Dist: Belgaum (karnataka)

## FORM OF HOSTEL ADMISSION

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To,  
The Principal/warden  
Shri J.G.Co-Operative Hospital Society's  
Sahakar Maharshi Basagouda A. Patil  
AYURVEDIC MEDICAL COLLEGE,  
GHATAPRABHA - 591 321.

Passport size  
Photograph with  
the signature  
affixed

Sir,

I beg to apply for admission to boys/Girls Hostel./Old/New.

I hereby agree, if admitted, to conform to the rules and regulations at present in force or that may be hereafter made for the governance of the hostel. I undertake that so long as I am staying in hostel I will do nothing either inside or outside the hostel that will interfere with their orderly governance and discipline.

Date : \_\_\_\_\_

Your's faithfully.

Place : \_\_\_\_\_

(Signature of the Candidate)

1. Name in full (beginning with surname) \_\_\_\_\_

2. Sex \_\_\_\_\_

3. Place of birth : \_\_\_\_\_ Taluka : \_\_\_\_\_ District : \_\_\_\_\_

4. Admission taken on \_\_\_\_\_ for \_\_\_\_\_ Year

5. Admission Receipt No. \_\_\_\_\_

6. Relatives residing near to the college & their address \_\_\_\_\_

\_\_\_\_\_ Mobile No / phone no. \_\_\_\_\_

7. Registration Fee paid on Receipt no. \_\_\_\_\_

8. Married or Unmarried \_\_\_\_\_

9. parents or Guadian's Full name with address \_\_\_\_\_

\_\_\_\_\_ Mobile No / phone no. \_\_\_\_\_

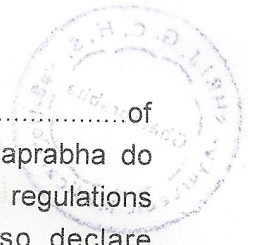
10. parents/Guardians Occupation \_\_\_\_\_

11. Mother Tongue \_\_\_\_\_

12. Local address of the student. \_\_\_\_\_

**Discipline Declaration :**

I, Son / Daughter of .....staying in Room no.....of  
Shri J.G.Co-Op Hospital Ayurvedic Medical College Boys / Girls 'Hostel' Ghataprabha do  
hereby solemnly and Sincerely declare that I am fully aware of the rules and regulations  
of the Hostel.and I bind myself to obey the rules and regulations.I also declare  
that I will take care of all the hostel articles,books and furnitures entrusted to me and I will  
be responsible to make good of any loss or damages to hostel property. I agree to accept  
the decisions of the warden as final.



**Signature of the Applicant**  
**Counter Signed by**

Place :

**Signature of the Parents / Gardian**

Date :

Each student is required to sign a declaration in the form given above to the effect  
that the rules of the hostel will be confirmed by him or her, countersigned by the parent or  
guardian. The parent or guardian will be finally responsible for payment of any arrears of  
mess bill and Other charges due to the hostel by the students

For office use only

Shri \_\_\_\_\_

is admittted in \_\_\_\_\_ Hostel Room No \_\_\_\_\_

on \_\_\_\_\_

**WARDEN**

**PRINCIPAL**