Dr. Panjabrao Deshmukh Nursing Institute, Amravati – 444 603

PHOTO

GIRLS HOSTEL ADMISSION FORM

I. Full Name: ……

2. Father's Name: ……

3. DOB: …….. Blood Group: …….. AADHAR No.: ……

4. Course: ANM ☐ GNM ☐ B.Sc. ☐ PB B. Sc. ☐ M. Sc. ☐

5. Class: I Year ☐ II Year ☐ III Year ☐ IV Year ☐

6. Permanent address: ……

…… Ph. No.: ……

7. Local Guardian address: ……

…… Ph. No……

DECLARATION BY THE CANDIDATE

I hereby declare that the information furnished above is true to the best of my knowledge. And I hereby undertake to abide by the Rules & Regulations of the Hostel that are in force at present, or framed in future from time to time, failing which I shall be liable to any punishment as decided by the Institute.

Date: …… Signature of the Candidate

DECLARATION BY THE PARENT / GUARDIAN

I hereby declare that the applicant is my daughter/relative and the above given information are correct & true to the best of my knowledge. I assure my ward that she will abide by the Rules & Regulations of hostel that are in force at present or/ framed in future from time to time, failing which she shall be liable to any punishment as decided by the Institute. In case of any emergency, I, authorize the Hostel Authorities to take appropriate measures. And, In case of any accident, I am aware that the Institute is not held responsible. I assure you that she will pay the Hostel & Mess fee every month in time without fail. Further, also agree that in case of any damage to property of the hostel caused by my daughter/relative, I shall be liable to pay all the charges thereof.

Date: …… Name & sign of Parent/Guardian

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Recommended to admit the above candidate to Girls Hostel, Dr. Panjabrao Deshmukh Nursing Institute, Amravati for a period of one year with effect from the day of actual joining to the Girls Hostel.

Sign of Principal with stamp

FOR OFFICE USE

Date of admission: …… Room No: …….. Receipt No & Date:

……..

Details of hostel deposit: Total amount / DD No. / Challan No. & Date: ……..

Warden, Dr. PDNI Amt.