

JAWAHARLAL NEHRU COLLEGE
GIRLS' HOSTEL
APPLICATION FORM FOR ADMISSION

(To be filled in by the students in CAPITAL LETTERS, Incomplete forms will be summarily rejected)

PHOTO

Student's name:
Class admitted: Roll no.: Stream:
Percentage in the last qualifying exam:..... D.O.B:.....
E-mail i.d: Mobile number:
Put tick (✓) Married [] Unmarried []
Identification mark:
Permanent address:

Father's name: occupation:
Mother's name: occupation:
Permanent residential address:
District: State: Pin :
E-mail id: contact number:

Local Guardian name:
Relation: contact number:
Address:

Account details of students
Account holder name:
Account number:
Bank name:
Branch name:
IFSC CODE:

DECLARATION BY THE STUDENTS

I Daughter of (Parent's name) do hereby declare that I have undergone and understood the rules and regulations of the hostel authority. I will abide by the rules given and pay the hostel dues on time. I will not indulge in any unlawful activity. If found guilty the authority can anytime rusticate or forfeit my seat. All the above furnished information are true to my knowledge. If any information are found to be false or incorrect I will be responsible for the consequences.

Signature of the Students:
Date:

DECLARATION BY THE PARENTS

I Father/Mother of (Student's name) do hereby declare that I have undergone and understood the rules and regulations of the hostel authority and I shall abide by the rules given . I further declare that all the information furnished above are best to my knowledge.

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Signature of the parents:

Date:

DECLARATION BY THE LOCAL GUARDIAN

I Local Guardian of (student's name) do hereby undergone and understood the rules and regulations of the hostel authority. Information furnished about me is best to my knowledge.

Signature of the local Guardian:

Date:.....

MEDICAL FITNESS CERTIFICATE

This is to certify that Miss,.....(Student's name) admitted in class : of Jawaharlal Nehru College Boko, daughter ofa permanent resident of Is examined at(Health Centre name) on (date). Based on the examination, I certify that she is in good mental and physical health and is free from any serious illness which may interface with her studies including the active duties required in the hostel.

Place:

Date:,.....

Name and signature of the Medical Officer
With seal