

(Paste Current Passport Photograph)

WOMEN'S HOSTEL

JAWAHARLAL NEHRUCOLLEGE,BOKO

APPLICATIONFORM

(To be filled in by the students in CAPITALLETTERS, In complete forms will be summarily rejected)

Strooms
Streams

Occupation:
Occupation:

(Local Guardian should be someone who is near to the hostel. In case of emergency Local Guardian will be contacted)

ACCOUNT DETAILS OF THE APPLICANTS (This	is is required for schemes that are provided by the govt)
Name:	_
Account Number:	
Bank Name:	
Branch Name:	
IFS Code:	
DECLARATIONBYTI	
IDaugh	hter of(
Parent'sname)	do
herebydeclarethatIhaveundergoneandunderstoodthe	herulesandregulationsofthehostelauthority.Iwilla
· ·	·
bidebytherulesgivenandpaythehostelduesontime.Iwil	
${\bf notindulge in any unlaw fulactivity. If found guilty the automatical terms of the contraction of the co$	uthoritycananytimerusticateorforfeitmyseat.Allt
heabovefurnishedinformationaretruetomyknowledge.	ge.IfanyinformationarefoundtobefalseorincorrectIwill
beresponsiblefortheconsequences.	
SignatureoftheStudents:	_
Date:	
DECLARATIONBYTH	<u>THEPARENTS</u>
IFather/M	Motherof(Student'sname)do
hereby declare that I have undergone and understoo	tood the rules and regulations of the hostel authority
and	
Ishallabidebytherulesgiven.Ifurtherdeclarethatallth	theinformationfurnishedabovearebesttomyknowledge.
Signatureoftheparents:	
Date:	
DECLADATIONEV	SYTHELOCALGUARDIAN
I LocalGuardianof (stude	dent'sname)doherebyundergoneandunderstoodtherules
andregulations of the host elauthority. Information fur	rnishedaboutmeisbesttomyknowledge.
SignatureofthelocalGuardian:	
Date:	

MEDICALFITNESSCERTIFICATE

ThisistocertifythatMiss	(Student'sname)admittedincla
ssofJawaharlalNehi	ruCollegeBoko,daughterof
apermanentresidentof	Isexaminedat
(HealthCentrename)on	(date).Basedontheexamination,Icertifythatsheisingoodmentalan
dphysicalhealthandisfreefromanyserio	ous illness which may interface with her studies including the active duties req
uired inthehostel.	
Place:	
Date:	
Name:	· · · · · · · · · · · · · · · · · · ·
Signato	ure of the Medical Officer With

Seal