ALFAA IHMCT – MADURAI

HOSTEL APPLICATION FORM

Application no	Date of issue	AFFIEX A PASSPORT SIZE PHOTOGRAPH
To		HERE
The principal Alfaa IHMCT Madurai		(One stamp size photograph to be given separately)
	would like to apply for Hostel cademic year	
Student name	·	
Father's name	·	•••
Date of birth D/M/Y	:Age	
Sex	:	•••
Nationality	:Religion	
Father Annual income		
Permanent address	·	
Pin code S	STD Code Tel. no	
Email id	Mobile no	
Occupation	Designation	
Number of dependants in t	the family	
Birth place	Taluka	
District	State	-
Address proof No (enclos	ed)	
Id Proof No (enclosed)		
Declaration		
agree to abide by the same. In to take any disciplinary action	Rules and Regulations of the Hostel having read and undo case of failure on my part to abide by the rules, the colle against me including expulsion from the hostel without cort to my local guardian and will stay at their residence immediately.	ge is at liberty any notice. On
I would be highly obliged if you accommodation in the hostel.	ou could consider my application favorably and allot me	
Date: Place:	Signature of the Applicant Name of the Applicant	

GENERAL HEALTH REPORT

Dear Parents

Please furnish the following medical details about your ward in order to facilitate Medical care to him/her while in the hostel

(No need to attach a medical re	eport, only self declaration of the facts required)
Heightcm	Weightkg
Blood group	Others
Name of the local guardian	(in Madurai) for Emergency purpose only
Local Guardian's Name Mr./ Mrs/ M	S
Relationship with the student	
Residential Address:	
Phone number :	
Occupation	Designation
Official address	
We, the undersigned do hereby undertake	complete responsibility for our ward
to pay by way of fine or make good any lo recovery in case of damage accidentally Institute or the property belonging to oth	while he/she is a hostilities. We further undertakeness caused by him/her on the Institute's premises by way of y or otherwise caused by him/her to the property of the her hostilities. We agree that in the interest of maintaining on by the College authorities will be binding on us and my
immediately on intimation and take ch	I, the local guardian undertake to reach the hostel/hospital arge of my ward. In case of ward suffering from any he hostel immediately and he/she will be allowed to stay in ificate from the doctor concerned.
	vard, on being expelled from the hostel, on disciplinary ardian. The local guardian will take complete responsibility agements for his/her stay, meals etc.
Signature of the parent	Date
Signature of the Student	Date
(In case of change in local guardian or his authorities immediately.)	/her address, the same must be intimated to the college
	Signature & date (Hostel Superintendent)