



# APPLICATION FORM FOR HOSTEL ACCOMMODATION

## Government Medical College, Surat-395001



Form No. \_\_\_\_\_

**NEW / RENEWAL**

FOR OFFICE USE ONLY
Hostel in which student is given admission _____
Authorized signature _____

Affix latest  
Passport  
Size colour  
photograph

NOTE: The accommodation in Hostel is limited and will be given subject to availability and according to the appropriate criteria decided by the college authority. This application thus does not guarantee Hostel Accommodation.

- \* In case you have failed or not appeared in the Examination during the last Academic Year, then you are not eligible for hostel accommodation during this academic year.
- Internee who takes transfer to other medical college is not eligible for hostel accommodation.

**Please write in CAPITAL LETTERS only & tick ✓ wherever applicable**

College course:  UG: I, II, III (Part-1), III (Part-2) MBBS (Batch No.: \_\_\_\_\_ Clinical Term : \_\_\_\_\_)

INTERNEE: Batch No. \_\_\_\_\_ (Posting at NCH, Surat) From \_\_\_\_\_ to \_\_\_\_\_

PG / Diploma: R-1 / R-2 / R-3 / R-4 Department: \_\_\_\_\_

1. Name of the Candidate \_\_\_\_\_  

Surname
First Name
Middle Name
2. Fees paid in the Institution: Rs. \_\_\_\_\_ Receipt No. & Date: \_\_\_\_\_
3. Gender:  Male  Female      Marital Status:  Married  Unmarried
4. Present Postal Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Ph. No. \_\_\_\_\_ Mobile No. \_\_\_\_\_ E-mail ID \_\_\_\_\_
5. Permanent Address(Home): \_\_\_\_\_  
 \_\_\_\_\_  
 Ph. No. \_\_\_\_\_
6. (a) Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Place of Domicile: \_\_\_\_\_  
 (b) Blood Group: \_\_\_\_\_
7. Any major serious disease in the past \_\_\_\_\_

8. (a) Father's/Mother's/Guardian Name, & Occupation With full address:

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(a) Income per year: \_\_\_\_\_ Ph. No. (R) \_\_\_\_\_ (O) \_\_\_\_\_

9. Name & Address of Local Guardian: \_\_\_\_\_

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Ph. No.(O) \_\_\_\_\_ Mob.: \_\_\_\_\_ E-mail ID \_\_\_\_\_

10. Whether you belong to :  SC  ST  PH  OBC  GEN

11. Details of accommodation in the College Hostel (since last five years) :

Year	Name of the Hostel	Room No.

12. (a) If you were punished for misconduct / violation of Hostel rules / indiscipline etc. give particular :

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(b)

Last examination passed	University/Board	Year	Roll No.	% of marks obtd.

(c) Any vehicle? Motorcycle/Scooter/Moped/Car/Cycle: \_\_\_\_\_

Name of the vehicle: \_\_\_\_\_ Vehicle Reg. No. \_\_\_\_\_

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### SOLEMN DECLARATIONS

1. I solemnly declare that the information given above is true to the best of my knowledge and belief and that nothing has been concealed. In case, it is found at any stage that any information has not been given correctly nor some material facts have been concealed, I am liable to eviction from the hostel besides other actions which the College/University may deem fit to impose against me.
2. I have sought admission with the consent of my parents/guardian.
3. I hereby undertake that-
  - I will not indulge in any behavior or act that may come under the definition of ragging,
  - I will not participate in or abet or propagate ragging in any form,
  - I will not hurt anyone physically or psychologically or cause any other harm.

4. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the MCI Regulations and/or as per the law in force.
5. I declare that I have read Rules and regulations for hostels of the college and I undertake to abide by all rules/regulation and instructions in force and those issued by the Hostel/College authority from time to time regarding maintenance of discipline and my stay in the hostel. I shall willingly pay the hostel fee and other charges as fixed by the Government from time to time.
6. I hereby authorize the Warden of the Hostel concerned to give consent on myself for surgical operation etc. in the medical Doctor/Surgeon advises the same in an emergency situation.
7. In case I fail to claim the hostel caution/deposit money within one year after leaving the hostel, I hereby authorize that the amount, if any, due from me be adjusted from the Hostel deposit and the remaining amount of the hostel deposit, if any, be considered as lapsed and credited to the Medical College Development Fund.
8. I shall vacate the room during vacation and leave the hostel after the studies for which I have taken admission/as and when required by the authority.
9. I am not employed anywhere.
10. I am not staying in Surat City.

Date: / /201 Signature of Father/Mother/Guardian/Local Guardian Signature of Applicant

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**Documents to be attached with this form:**

1. A copy of Fee Slip issued by the college
2. Residential proof for point number 4 & 5 (with Phone No.)
3. A copy of School Leaving Certificate.
4. Copies of Mark Sheets/Degree (1 copy each)
5. A copy of Caste Certificate, if SC/ST/OBC.
6. A copy of Certificate for Physically Disabled, if applicable.

**Note:** Application form shall be rejected without Residential Proof

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**CERTIFICATE OF REGISTRATION AT Hostel**

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

This is to certify that Dr./Mr./ Ms. \_\_\_\_\_ is a bonafide student of \_\_\_\_\_ (course / year / semester) at the Government Medical College, Surat. He/She has paid the College Fees vide Receipt no. \_\_\_\_\_ dated \_\_\_/\_\_\_/\_\_\_\_\_ for the \_\_\_\_\_ Term/Semester of the Academic Year 201 - 201 .

I recommend / do not recommend his / her application form.

Signature of the Hostel sup.

Sign of Asst. Warden

Signature of Chief Warden

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**FOR RENEWAL HOSTEL ADMISSION**

**NO DUES CERTIFICATE FROM THE WARDEN / SUPERINTENDENT**

This is to certify that Mr./Ms. \_\_\_\_\_ who was staying in Room No. \_\_\_\_\_ in a Single / Double / Triple Seated accommodation of \_\_\_\_\_

\_\_\_\_\_ Hostel during the academic year 201 - 201 has

(a) cleared all his / her dues and there in no dues pending against him / her.

(b) not cleared his / her dues and has to pay Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) towards payment of \_\_\_\_\_

\_\_\_\_\_ (mention the particulars).

Surat

Date:

*Signature of the Authority with Stamp*

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**RECOMMENDATION OF THE HOSTEL ADMISSION COMMITTEE**

The particulars of the above applicant have been checked and the applicant may be "recommended / not recommended" for Hostel Admission.

Date:

Checked by (Authorized Signature)

To,

The Accountant, Account Section, GMC, Surat

Please accept Hostel Fee & Deposit.

Caution Money: Receipt No. \_\_\_\_\_ Date: \_\_\_\_\_ Rs. \_\_\_\_\_

Term fee: Receipt No. \_\_\_\_\_ Date: \_\_\_\_\_ Rs. \_\_\_\_\_

Form: Accepted / Not accepted

Allotted Hostel Room No. \_\_\_\_\_

Warden  
Boys' / Girls' Hostel  
Govt. Medical College  
Surat-395001

Hostel Superintendent  
Boys' / Girls' Hostel  
Govt. Medical College  
Surat-395001