

To
The Principal
R. G. Kar Medical College
Kolkata-700004

Subject: Application for Hostel Allotment

Respected Sir/Madam

I, the undersigned, am a student of your Institution. My particulars are given in Annexure-I (attached).

So, I request you to kindly allot me a seat in Students' Hostel to help me to continue my study.

Thank you.

Date:

Full Signature of Student

Documents to be attached:

1. Hostel Allotment Form (Annexure-I)
2. Copy of Admission Letter
3. Copy of Joining Letter
4. Copy of Rank & Allotment Letter
5. Copy of Address proof (Aadhar Card/ Voter Card/Ration Card)
6. Copy of Identity Proof (Aadhar Card/ Voter Card/PAN Card)

R G Kar Medical College

1, Khudiram Bose Sarani

Kolkata-700004

APPLICATION FORM FOR HOSTEL ALLOTMENT

Course : MBBS / PGT / PDT

Session: 20_____ - 20_____

Admitted in: State Quota/All India Quota

Combined Rank:

State Rank:

1. Full Name :
(in Capital Letters)
2. Guardian/Father's Name :
3. Sex : Male / Female
4. Date of Birth :
5. Contact No. :
6. Email ID :
7. Full Address including PS.
- A) Permanent Address :
- B) Temporary/Local Address :
8. Distance from Residence to R G Kar Medical College :
(Approximate in KM)
9. Name of Guardian & Relation :
10. Address of Guardian :
11. Contact No. of Guardian :
12. Name of Local Guardian & Relation :
13. Contact No. of Local Guardian :

We hereby certify that the above statement/particulars are true.

We do hereby agree to confine to the rules & regulations at present in force or that may thereafter be made by the college.

We will do nothing inside or outside the hostel and or college that will interfere its order and discipline.

Date:

Signature of Guardian

Signature of Student