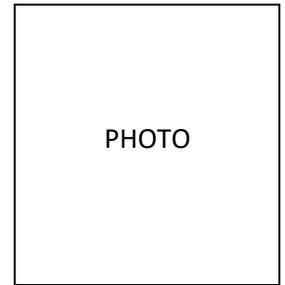


APPLICATION FOR SEEKING ADMISSION
IN ACMS HOSTEL

FOR THE ACADEMIC YEAR 20..... - 20.....
(ALL ENTRIES BE MADE IN CAPITAL LETTERS)



TO

The Dean
Army College of Medical Sciences
Delhi Cantt - 10

1. I have taken admission in Army College of Medical Sciences wef _____ and as per Hostel Regulations I wish to apply for accommodation (Double Seater) in Hostel for academic session _____ my particulars are as under.

(a) Enrolment No _____ Batch _____

(b) Name of student Ms/Mr _____ DOB _____ Blood Gp _____

(c) Date of Joining: College _____ Hostel _____

(d) Category (Delhi/Outside Delhi) _____ Def/SC/ST _____

(e) Student : Mob No _____ Email _____
Aadhar _____

(f) Name of Parents :
Father _____ (Regt/Corps _____)

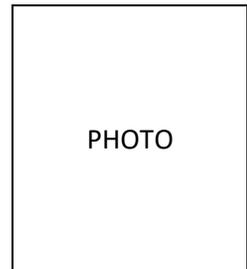
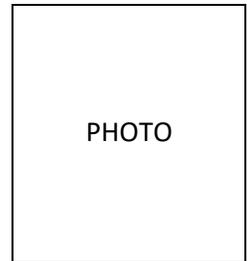
Mob(Whatsapp) No _____

Aadhar No _____

Mother _____ (Regt/Corps _____)

Mob(Whatsapp) No _____

Aadhar No _____



(g) Present Address of the Parents :

OFFICE

RESIDENCE

Mob No _____

Mob No _____

(h) Undertaking by the Parents.

I _____ hereby declare that Mr/Ms _____ is my Ward. I nominate _____ as his/her local guardian. If my ward violates Hostel Rules, disciplinary action may be taken against him/her in accordance with the disciplinary rules of the college.

Details of Local guardian are as under:-

OFFICE

RESIDENCE

Mob No _____
 Email ID _____

Mob No _____
 Email ID _____

(j) Contact Address in case of emergency

(k) Details of Siblings:-

(i) Name _____ Relationship _____
Aadhar No _____

PHOTO

(ii) Name _____ Relationship _____
Aadhar No _____

PHOTO

(iii) Name _____ Relationship _____
Aadhar No _____

PHOTO

(Signature of Student)

(Signature of Parents)

(l) I, _____ Father/Mother of _____ certify that all information's mentioned in the application form are correct to the best of my knowledge and belief.

(m) Undertaking for double seater room:

We the undersigned hereby declare that we agree to stay in double seater room of ACMS Hostel Complex.

Signature of Student _____
Name _____
Date _____

Signature of student _____
Name _____
Date _____

TO BE FILLED BY THE OFFICE

Accommodation Allotted:

Room No _____ Block No _____
Fees Paid _____ Messing Paid _____
Date _____

(Signature of Warden)