

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NAGPUR

Website: www.aiimsnagpur.edu.in

HOSTEL ACCOMMODATION FORM

(To be filled by the applicant in his/her own handwriting clearly and carefully)

(For MBBS Student)

For Office Use

Hostel Allotted : _____

Room No. : _____

College Roll No. : _____

Admission Year : _____

Affix
recent passport
size coloured
photograph

1. Student Name (in capital) : _____
2. Course for which admission taken: MBBS
3. Date of Birth : _____
4. Sex: Male Female
5. Student's Mobile : _____ Email ID: _____
6. Father's Name : _____
7. Father's Occupation : _____
8. Mother's Name : _____
9. Mother's Occupation : _____
10. Father's Mobile No. : _____ Mother's Mobile No. : _____
11. Parents Email ID : _____
12. Permanent Residential Address (with phone number and STD code) : _____

13. Address for Correspondence : _____

14. Name and Address of local guardian (with Mobile/Telephone no.) : _____

15. Relation of student with local guardian : _____
16. Serious ailment, if any : _____
17. Blood group : _____
18. Admission Fee bill receipt No. : _____ Dated : _____

Date :

Signature of Student