

**Doon Institute of Medical Sciences**  
**Hostel Accommodation Application Form**

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Form No: .....

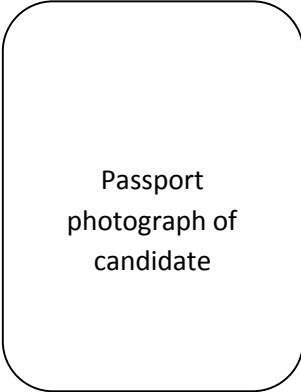
1. Name : .....

2. Mother's Name : .....

3. Father's Name : .....

4. Course : ..... Session: .....

5. Academic Year : .....



6. a) Permanent Address : .....  
.....Pin.....Phone No.....

b) Postal Address : .....

.....

.....

Pin :..... Phone: .....

7. Name of the Local Guardian: .....

Relation with student: .....

Address of Local Guardian: .....

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Pin: ..... Phone: .....

**Undertaking**

I shall strictly follow the hostel rules during my entire training period & not leave the hostel in between failing which disciplinary action may be taken against me. I understand that the fee deposited by me is Non-refundable and I shall not be entitled to any claim.

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Signature of Student

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Countersigned by Guardian/Parents

Note: Anti-Ragging form to be added.

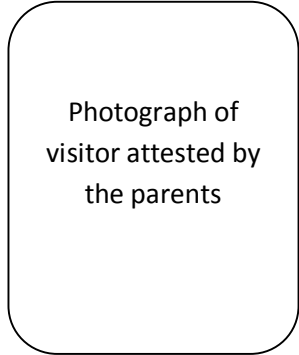
# Doon Institute of Medical Sciences

## Details of Visitors to be permitted to visit the student

Form No:

Name of the student: ..... Course: .....

1. Visitor's Name.....
2. Relation: .....
3. Permanent Address: .....  
.....  
.....
4. Contact No.: .....



1. Visitor's Name.....
2. Relation: .....
3. Permanent Address: .....  
.....  
.....
4. Contact No.: .....



1. Visitor's Name.....
2. Relation: .....
3. Permanent Address: .....  
.....  
.....
4. Contact No.: .....



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**Signature of Guardian**

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**Signature of Principal**

**NB: Only the parents, local guardian and the above mentioned visitors are permitted to visit in the hostel. No visitors are permitted to meet the students in the college or in the hostel without the prior permission of the Principal.**