उत्तर प्रदेश आयुर्विज्ञान विश्वविद्यालय, सैफई, इटावा
Uttar Pradesh University of Medical Sciences, Saifai, Etawah

छात्रावास आवंटन हेतु आवेदन–पत्र

(To be filled by the student in their own handwriting in ENGLISH CAPITAL LETTERS only)

Course (in which admitted):..... Date of Admission: -...../...../20

Name of Student:

Father's Name:

Mother's Name:

Photograph of Student

Date of Birth: DD MM YYYY Male Female Married Unmarried

Correspondence Address:

Pincode:

Permanent Address:

Pincode:

Mobile No. : Parent's Mobile No. :

Name of Local Guardian:

Address of Local Guardian:

Pincode:

Mobile No. :

Declaration -

* I agree to abide by all the rules and regulation of the hostel stay which may framed from time to time and accept the decision of university in all aspect.

Signature of Student

* I assure that my ward will abide by the rules and regulation of the hostel. I have no-objection if my ward is expelled from the hostel for violating the rules.

Signature of Parent/Guardian

Joint Photograph of Student with his/her parents or guardians

Date : ...../...../..... **Place :** .....

Enclose Documents : Aadhar card of student, father, mother and Local Guardian of the student.

For Office Use Only

Date of Deposition: _____

Fee Receipt No.: _____

Room No.: _____ in Boys / Girls Hostel No. _____ is allotted to the above student.

Signature
I/c Hostel Allotment