AMC DENTAL COLLEGE
KHOKHRA, AHMEDABAD

Sr. No.:_____

Date: ____ /_____ / 2025

APPLICATION FORM FOR ADMISSION IN THE BOYS HOSTEL AND THE GIRLS HOSTEL

To,
The Dean

Please allot me a room in this Hostel as I am admitted for the year 2025-26. I declare that in information given by me is true.

1. **Full Name (Block Letters) (Beginning with Surname)** :_____
2. **Birth Date** :_____ / _____ / _____
3. **Full Address** :_____
   _____
   _____
4. **Caste / Sub Caste** :_____
5. **Native Place** :_____
6. **Father's Name** :_____
7. **Business / Service Detail** :_____
8. **Address (With Phone)** :_____
   _____
   (Resi.):_____**(Mob.):**_____

I hereby agree to abide by the rules & regulation at parent in force or that may be hereafter made for the hostel residence.

Note: - As per Hon'ble Supreme Court's Order:-

Ragging is strictly prohibited, If there is any complain against any student he/she will be rusticated from the College as well as the Hostel immediately. There is Police Complain given against him/her by the College / Hostel Management.

Your's faithfully,

(_____)

NOTE:

1. **Incomplete form will be rejected.**
2. **Students need to fill up the form personally.**
3. **Attach the true copy of admission order and Ration Card.**

.....PTO.....

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HOSTEL STUDENT BIO-DATA

1. STUDENT'S FULL NAME:_____
2. FATHER/GUARDIAN FULL NAME:_____
3. PERMANENT ADDRESS:_____
   _____
4. PASSPORT SIZE PHOTO:

STUDENT	FATHER	MOTHER

5. CONTACT DETAILS:
   A. Residence Landline No. _____
   B. Mobile No. (1)_____(2)_____

(If mobile number changed by parents, student, they have to inform to rector in written)

   C. E-mail Address: _____
6. STUDENT'S BIRTH DATE:-
7. EMERGENCY CONTACT DETAILS
   A. If any local (Ahmedabad) Contact:_____
8. BLOOD GROUP
9. FAMILY DOCTOR DETAILS:
   A. ADDRESS:_____
   B. CONTACT NO.:_____
10. MEDICAL HISTORY:

Note:_____
_____

Signature of Student

Signature of Parents/ Guardian

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To be filled by the Parents / Guardians

Information given by the application is true ans he/she will obey the rules and regulation of the Hostel.

Guardian / Parents Name :_____

Occupation :_____

Address :_____
_____
_____

Contact No. : **(Resi.)** _____
(Office)_____
(Mob.)_____

_____
Signature

ORDER

This is to certify that Mr. / Miss _____
Is allotted Boys / Ladies Hostel Room No. _____.

Rector **Hostel Clerk** **Sr. Clerk** **Ass. Director** **Dean Boys/ Ladies Hostel**

For Account Section

Hostel Deposit Receipt No. _____ **Date** _____

Hostel Fee Receipt No. _____ **Date** _____

Hostel Clerk **Jr. Clerk**

Document List

1. **Provisional Admission Order**
2. **Parents' Adhar Card Copy**
3. **Student's Adhar Card Copy**