



AMC DENTAL COLLEGE KHOKHRA, AHMEDABAD

Sr. No.: _____

Date: ____ / ____ / 2026

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 2026-27. 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.....



AMC DENTAL COLLEGE KHOKHRA, AHMEDABAD

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 and 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