



# DHUBRI MEDICAL COLLEGE & HOSPITAL

Jhagarpar, Dhubri, Assam, PIN - 783325

## APPLICATION FORM FOR ACCOMMODATION

Receipt No. \_\_\_\_\_ Date of Receipt of Application. \_\_\_\_\_

01. Name of Applicant :	<p>Paste a Coloured Passport Size Photograph</p> <p>(Do not staple)</p>
02. Gender :	
03. Mobile No. with WhatsApp :	
04. eMail ID :	
05. Aadhaar No. (Enclose Copy) :	
06. Designation : Faculty/CRMI/SR/NPGR/Student/MBBS/CRMI/MD/MS/Other	
07. Session & Date of Admission :	

08. Tick the appropriate category of current status :

MBBS					PG / NPGR / SR		
Phase-1	Phase-2	Phase-3 Part-1	Phase-3 Part-2	CRMI Intern	Subject :		
					1 <sup>st</sup> Year	2 <sup>nd</sup> Year	3 <sup>rd</sup> Year

09. Present Address (If any)
10. Father's Name, Occupation & Mobile No.
11. Mother's Name, Occupation & Mobile No.
12. Permanent Address with PIN
P.O. _____ P.S. _____ Dist. _____ State _____
(Proof to be submitted - Any one of either Aadhaar Card, Driving License, Passport, Voter ID or Bank Passbook)
13. Name, Address & Mobile No. of Local Guardian :

Date :

Signature of Applicant :

Mobile No. :

(FOR OFFICE USE)

Allotted in Hostel \_\_\_\_\_ / Not Allotted, Reason \_\_\_\_\_

Remarks (if any):

Authorised Signatory  
Dhubri Medical College & Hospital

