



DHUBRI MEDICAL COLLEGE & HOSPITAL

Jhagarpar, Dhubri, Assam, PIN - 783325

APPLICATION FORM FOR ACCOMMODATION

Receipt No. _____ Date of Receipt of Application. _____

01. Name of Applicant :	
02. Gender :	<i>Paste a Coloured Passport Size Photograph</i> <i>(Do not staple)</i>
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				
Phase-1	Phase-2	Phase-3 Part-1	Phase-3 Part-2	CRMI Intern

PG / NPGR / SR		
Subject :		
1 st Year	2 nd Year	3 rd 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
<i>(Proof to be submitted - Any one of either Aadhaar Card, Driving License, Passport, Voter ID or Bank Passbook)</i>			
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

