# Purbanchal University School of Health Sciences

Ims, Goathgaun, Morang (Phone 021-425007)

## **APPLICATION FORM FOR HOSTEL ADMISSION**

1. Student's Name (BLOCK LET	TERS):	
2. Date of Birth (DD/MM/YY):		
Nepali Date	English Date	
3. Address (BLOCK LETTERS):		
A. District		
B. Municipality/VDC		+
C. Ward No.	D. Village/ Tole	
E. Phone No.	F. Email :	
<ol> <li>4. Religion</li> <li>6. Program:</li> </ol>	5.Dietary Pattern 🗌 Veg 🗌 N	on-Veg
7. Year/ Semester:		
First Second Third	Fourth Fifth Sixth	Seventh Eighth
9. Fother's New (DL o GET 5 -	eived Rs Sig	nature
9. Father's Name (BLOCK LETTER	.S):	
Telephone (Personal M.)		-
Telephone (Resident):		Father's
Telephone (Office):		photo
Email:		Fuero
10. Mother's Name (BLOCK LET	TERS).	
Telephone (Personal M.)		
Telephone (Resident):		Mother's
Telephone (Office):		photo
Email:		

## 11. Husband's Name (BLOCK LETTERS):

Telephone (Personal M.)	
Telephone (Resident):	
Telephone (Office):	Husband's
Email:	photo
12. Visitor's Name (BLOCK LET	
12. Visitor's Name (BLOCK LETTERS):	
Relation with the state of the	
Relation with the visitor:	
Telephone (Personal M.)     Telephone (Resident):	
Telephone (Office):	Visitor's
Email:	photo
<ul> <li>a. Blood Group :</li> <li>b. Has undergone any operation? If so, give date and particle.</li> <li>c. Has had a serious illness or accident? If so, give date and</li> <li>d. Has had any of the following illness/health problem: <ul> <li>Epilepsy</li> <li>Diabetes</li> <li>Heart disease</li> </ul> </li> </ul>	d particulars : Yes No Yes No Ver S
• Asthma	V-
• Sight problems	V
Hearing loss	V C
e. Long-term medication, if so, particulars:	Yes 🗋 No 🗔
1. Any other illness/ health problem, if so, particularat	
s. Thorgy, it so, particulars:	
h. Any other health problem that the college should aware of i. If physically dischlored is	9
If physically disabled, if so, state the nature of the disability	ί (Τ <b>Γ</b>
	y. (11 not, please write "Nil".)

## 14. Permission to travel/ go for the following outing (Block the cell which is applicable):

Purpose of Outing	Yes	No	1/WK	2/WK	1/Month	1/Month	Remarks
(A) Home visit	a a 5 <sup>11</sup>						
(B) To attend any function	×						
(C) Shopping							

### 15. The room requested for:

A. Double-seat Room 🗌

B. Three-seat Room

C. Five-seat Room

#### 15. Check-List

I hereby enclose the following with the duly completed application (please tick where necessary):

i. Additional two passport-size photograph of the student:

- ii. Character Certificate from an academic institution of the latest one (copy)
- iii. The receipt of the payment (copy):

### **DECLARATION**

I declare that, to the best of my knowledge and belief, the above particulars are true. I agree to confirm to the rules and regulations at present in force or that may hereafter be made for the administration of the college and its hostels. I undertake that I will not do anything unworthy of a student of this college or anything that will interfere with orderly functioning and discipline of this college. I am aware that the management has the full authority to take action including expulsion, for disinterest in studies, misbehavior indiscipline and frequent failure.

Guardian's Name:	Student's Name:
Signature :	Signature:
Date:	Date:
For Office Use Only	
The room requested for	
<ul> <li>Room No Types of Room:  Double-sea</li> <li>Hostel Student's Roll No.:</li> </ul>	ted
Name:	Name:
Signature:	Signature:
Date:	Date:
Recommended by (House Mother):	Approved by (Administration):