



BEGBS's

SARASWATI INSTITUTE OF PHARMACY

At. Kurtadi Tq. Kalamnuri Dist. Hingoli

(Approved by PCI New Delhi, Govt. of Maharashtra and Affiliated to SRTM University, Nanded & MSBTE Mumbai)

HOSTEL ADMISSION FORM

Application ID :

--	--	--	--	--	--	--	--	--	--	--	--

Class :

Academic Year :

PHOTO

Student Personal Information

Full Name of Student :

Hostel Admission Date : Date of Birth : Caste :

Student Mob No.: Blood Group: Marital Status:

Aadhar No.: Email ID :

Correspondence Address :

Permanent Address :

Parent's Details

Father/Guardian Name : Mob No.:

Mother Name : Mob No.:

Brother Name : Mob No.:

Sister Name : Mob No.:

Father Occupation : Office Mob No. :

❖ **Medical Record (If any)**

- Are you belong to any Medical History? Yes/No
(If yes, specify disease. Attach Medical report prescription)
 - Any medicine being used regularly?
 - Any Allergy?
-

UNDERTAKING

The above mentioned information in correct to the best of my knowledge and I shall responsible and answerable for any wrong information. Hostel rules will be follow in it true spirit.

Date:

Sign of Student

Sign of Parent/Guardian

For office use only

Hostel Warden Sign

Principal Sign