

## उत्तर प्रदेश आयुर्विज्ञान विश्वविद्यालय, सैफई, इटावा Uttar Pradesh University of Medical Sciences, Salfai, Etawah छात्रावास आवंटन हेतु आवेदन-पत्र

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(To be filled by the student in their own handwriting in ENGLISH CAPITAL LETTERS only)
Course (in which admitted):
Course (in which admitted):
Father's Name: Photograph of Student
Mother's Name:
Date of Birth: DD MM YYYY Male Female Married Unmarried
Correspondence Address:
Permanent Address:
Mobile No. : Parent's Mobile No. : Princode:
Name of Local Guardian:
Address of Local Guardian:
Mobile No. : Pincode: Pincode:
Declaration -  * I agree to abide by all the rules and regulation of the hostel stay which may framed from time to time and accept the decision of university in all aspect.
* I assure that my ward will abide by the rules and regulation of the hostel. I have no-objection if my ward is expelled from the hostel for violating the rules.  Joint Photograph of Student with his/her parents or guardians
Signature of Parent/Guardian
Enclose Documents : Aadhar card of student, father, mother and Local Guardian of the student.
For Office (Iso Only
Fee Receipt No.: Date of Deposition:
Room No.: in Boys / Girls Hostel No is allotted to the above student.