



In Pursuit of Global Competitiveness

शासकीय अभियांत्रिकी महाविद्यालय
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Allotted ROOM NO: _____

HOSTEL ADMISSION FORM

NAME OF STUDENT: _____

ENROLLMENT NO: _____

CLASS & BRANCH: _____

CATEGORY: OBC/SC/ST/VJ/NT-1/NT-2/NT-3
(Please tick whichever is applicable)

PH (PHYSICAL HANDICAP): Yes/No

STATE : M.S. /OMS / J&K / NORTH EAST

PERMANT AADDRESS OF PARENT : _____

CONTACT NO OF BOTH PARENT: FATHER: _____

MOTHER: _____

NAME, ADDRESS & CONTACT NO OF LOCAL GUARDIAN: _____

BLOOD GROUP OF STUDENT: _____

DETAILS OF PERSON TO BE CONTACTED IN EMERGENCY: _____

FEEES RECEIPT NO: UTR NO: _____

RECEIPT NO: _____

Paste your passport
size photo

SIGN OF STUDENT