



Application Form for Admission in
TINSUKIA COLLEGE GIRL'S HOSTEL

Photograph

1. Name of the Applicant(Block Letters) : _____

Class: _____ Sem: _____

College Roll No : _____ Stream : _____

2. Father's Name And Mother's Name : _____

Home Address (in Full) : _____

Village/Town : _____ P.S. _____

Post Office : _____ State: _____

Phone No : _____

3. Father's Occupation : _____

Monthly Income : _____

4. If the Father is not Alive

Name of the Legal Guardian : _____

Address : _____

Post Office : _____ State: _____

Phone No : _____

5. Name of the Legal Guardian : _____

Address : _____

Post Office : _____ State: _____

Phone No : _____

6. Relationship with the Local Guardian: _____

7. Applicant's age according to HSCL

Certificate on the day of Admission : _____

8. Nationality : _____ Race : _____ Religion : _____

9. Whether the applicant is an SC/ST Ward

Of Tea Garden employee or Worker? : Give Details _____

(Attach Relevant Certificate)

10. Total Marks and % of marks obtained in HSCL/HSSLC

(Whichever is the last exam) : _____

11. Distance from the applicant home to college(in Km) : _____

12. Whether the applicant a former : If yes, give details _____

Boarder of Hostel Year(s) of stay form _____ to _____

Give details of the applicant's stay before coming to hostel

A. Name of the Mess/Rental house _____

B. Address of the Owner _____

C. Phone No. _____

13. Did the applicant suffer from any contagious

Disease(s) or mental diseases? : Give details _____

(A Medical certificate should be attached)

14. Does the applicant have any proficiency

In co-curricular activities or in social service: Give details _____

(Attach Relevant Certificate)

15. Give the names and address of two persons

Who might can only except parents and local

Guardian meet the applicant in the hostel

(If Selected)

Name

Relation with the applicant

A. _____

Address _____

B. _____

C. Address _____

16. Specimen of their Signature

Admitted Signature a) _____ sign. In full _____ short

Room No. _____ Signature b) _____ sign. In full _____ short

Received from Ms. _____ application for admission to hostel

Date: _____ Received By

Office Signature Assistant
Tinsukia College, Tinsukia

Declaration of the Applicant

1. I firmly declare that the above facts related to my candidature are true to the best of my knowledge.
2. I promise to abide by the rules and regulations of the college as well as that of the hostel and will maintain discipline and decorum of the institution and the hostel

Date: _____

Signature (in full) of the applicant

Declaration of the Guardian

I, Sri _____ of have Thoroughly gone through the rules and regulations framed by the authority for admission in the college Girl's Hostel and promise to perform my duty and responsibility as the guardian of smt _____ is she is selected and admitted into the hostel. I further declare that in case my ward is suspended or expelled from the hostel by the authority, for any reason(s). I shall have no right to exert any pressure on the authority for that.

Place:

Date:

Signature (in full) of the Guardian

Comment(s) of the selection board _____

Date _____

The name of the applicant enrolled in the Hostel Register

Allowed/Not Allowed to
Admission in the Hostel

Signature of the Superintendent

Principal

Date: _____



ANNEXURE –A

(Undertaking)

I undertake to abide by all the Rules and Regulation of the Hostel. I shall not plead for ignorance of rules and regulation that may be notified from time to time.

Any violation of a rule or breach of code of conduct by me will be treated seriously and may result in my having to surrender the hostel seat.

(Signature of the Parents)

Signature of student

With full address



ANNEXURE-B

(Undertaking from Local Guardian)

I Shri/Smt/ _____ the local Guardian
Of _____ undertake to take charge of my
Ward in case of any illness, misbehavior or misconduct. I also undertake to take charge my
ward in case of any emergency arising out of the closure of college during midsession.

(Signature of Local Guardian)



ANNEXURE-A

(Medical Certificate)

(To be completed by a Registered Medical Practitioner)

Name : _____

Age : _____ Height : _____ Weight : _____

Does the Students suffer from any Chronic/Contagious disease? If so, nature there of :

Blood Group : _____ is the students susceptible to any Allergy ? If so, give details : _____

Certificate that I have examined Ms _____

Daughter of _____ on _____

And found her medically fit to stay in the Hostel.

(Specimen signature of the student)
To be signed in the presence of the
Medical Officer

Signature of the Medical Officer
with full name & Address