BERHAMPORE GIRLS' COLLEGE

HOSTEL ADMISSION FORM

Name of the Candidate:……

Course of Study:…… Enrolment No……

UG/PG: Year: 1st Sem/ 2nd Sem/ 3rd Sem/ 4th Sem/ 5th Sem/ 6th Sem

Mob. No…… E mail: …….....

Father's Name……Mob. No…….

Mother's Name…… Mob. No……..

Name of the local Guardian……Mob. No……

Religion……Caste: Gen/SC/ST/OBC-A/OBC-B……

Whether physically challenged Yes/No…….

Permanent address:
Area/Village……
P.O…….……P.S……

Dist……..State…….PIN……

Full address of Local Guardian:

Area/Village……

P.O…….……..P.S…….

Dist……..State……..PIN……

I shall follow the Rules and Regulations of the college hostel.

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Signature of Guardian Signature of Hostel Boarder

For Office Use:

Name of the Hostel Allotted:
_____

Admission Fee	
Medical Fee	
Establishment Charge	
Total Amount Received	

Date of Admission:_____

Signature of Official