



Office of the
WARDEN BOYS HOSTEL
Allama Iqbal Medical College, Lahore.

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ALLOTMENT APPLICATION FORM

Name			
Roll No		Year/Class	
CNIC / Form-B No		Mobile	
DOMICILE			
Permanent Address			
Present Mailing Address			
Father name			
Father CNIC		Father Mob	

HAVE YOU GOT AN ALLOTMENT IN HOSTELS PREVIOUSLY? IF YES GIVE DATAILS:		
Room No	Hostel No	Class/ Year

Marks Obtained (Last UHS Exam Passed) For Old students		Prof Exam Name	
		Annual / Supply	
Merit Number AIMC (New 1st year only)		Aggregate Marks (New 1st year only)	

I solemnly declare that the information provided above is true. Any discrepancy, if found on my part will result in immediate cancellation of allotment and disqualification for my right to accommodation in AIMC Hostels in future.

NOTE. **AIMC is not bound to provide accommodation to all students. Hostel accommodation will be provided on merit basis as per capacity of hostel.**

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Signature of the Student

FOR OFFICE USE ONLY

Merit No	
Allotted Room No	
Hostel No	
Disability/ Quota / Misc.	

Signature of the WARDEN

DATE: _____



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Attach Photocopies of the Following documents

1. Applicant CNIC/Form -B (Photocopy)
2. Father/Guardian CNIC (Photocopy)
3. Domicile Certificate (Photocopy)
4. Hostel Fee Receipt Paid (Photocopy verified Hostel Cashier)
5. Previous Hostel Fee Receipt (Photocopy verified Hostel Cashier) OR No Dues Pending certificate with stamp/signature from Hostel Cashier (For 2nd year to 5TH Year)
6. College Fee Receipt Paid (Photocopy verified College Cashier)
7. Last Examination Result Card (Photocopy)
8. Affidavit (On Stamp Paper of Rs.100/- bearing text as in (11) (only for new First Year)
9. Two colored passport size photographs
10. Undertaking with signature and thumb impression, bearing text as in (11) (for 2nd year to Final Year. NO AFFIDAVIT NEEDED)

AFFIDAVIT

(Specimen to be printed on E-stamp of Rs 100)

I, _____
D/O W/O _____ is a bonafide student/HO/PG of _____ YEAR
MBBS/HOUSEJOB/PGR class session _____ under class roll no/pmdc/cpsp reg no. _____
in Allama Iqbal Medical College/Jinnah Hospital, Lahore does hereby declare and affirm on Oath as under.

- 1- I will abide by all the rules and regulation of the hostel administration issued time to time and any amendments if made therein.
- 2- I fully understand that I myself have to reside in the room allotted to me. If I don't reside in my allotted accommodation, my allotment might be cancelled, furthermore if I sublet/exchange the room at my own to anyone else, my allotment will be subjected to cancelation, moreover strict disciplinary action will be taken.
- 3- Warden is the authority to allocate as many allottee as he deems fit as per the number of applicants
- 4- The number of students per room will be decided wide situation to situation as per decision of warden/ chief Warden. It is sole authority / discretion of administration to adjust students. The already residing students have no right to refuse a new entry in room.
- 5- That I will not use unauthorized electric appliance in my allotted room as A.C/ Heater etc and in case of violation of this condition I will pay any fine or any punishment imposed by the hostel Administration.
- 6- I have read all the hostel rules and I will abide by them.

ADDITIONAL RULES for PGR & House Officers

- 1- I hereby declare that I will abide by the existing rules and regulation of the hostel. If I don't reside in my allotted accommodation for two weeks, my allotment might be cancelled.
- 2- My date and duration of training /house job is from _____ to _____

ADDITIONAL RULES for NEW FIRST YEAR MBBS

- 1- Arrangement for 1st year MBBS have been made on compassionate grounds in common rooms. I have visited the living conditions myself. I am opting this allotment at my own will.
- 2- I have been informed that arrangement for allotment in common rooms will be done on temporary basis till the proper allotment, subject to the availability of rooms. Only floor mattress will be allowed. No cupboard and electric appliances will be allowed. It is my sole responsibility to take care of my valuable belongings.

NAME

Name: _____

Father Name: _____

CNIC: _____

Address: _____

Cell No: _____

WITNESS

Name: _____

Father Name: _____

CNIC: _____

Address: _____

Cell No: _____