APPLICATION FORM

FOR HOSTEL ACCOMODATION AIMC/JHL

PHOTO/2

Cell-Phone No. | | | | | - | | | | | | | |

Date | | | | | | | | |

Class _____

Last ExamPassed
Marks Obtained

Annual	Supply

Roll No. _____

Name _____

Father's Name _____

N.I.C | | | | | | - | | | | | | | | - | |

PARTICULARS	DATAILS	SCORE
Domicile /City		
Present Address		
Father's Name Current Residence		
Relatives /Sibling in LHR		
Total Score		

LHRCity = -1 LHR District = 0 **Other** District = +1

HAVE YOU GOT AN ALLOTMENT IN HOSTELS PREVIOUSLY? IF YES GIVE DATAILS:

Yes	No

YEAR	1st YEAR	2nd YEAR	3rd YEAR	4th YEAR	5th YEAR
ROOM NO.					
HOSTEL NO.					

ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE PAST?

Yes	No

_____

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.

I hereby declare that I will abide by the existing Rules and Regulation of the Hostels.

Signature of the Applicant _____

FOR OFFICE UES ONLY

GRAND SCORE		ALLOTTED ROOM NO.	
PRIORITY		HOSTEL NO.	

Merit No._____

DATE _____/_____/_____. **Signature Assistant Warden.** _____

(Stamp Paper of Rs.50/-)

AFFIDAVIT

I Mr. _____ Father of _____

Bonafide student of _____ year Roll No. _____

Class of MBBS in Allama Iqbal Medical College, Lahore do hereby declare and affirm on Oaten as under:-

1. That I am resident of District

2. That my son requires accommodation in the Campus Hostels of Allama Iqbal Medical College, Lahore -20.

3. That he will abide by all the rules and regulation of the Hostel Administration issue time to time.

4. That he will responsible for any negligence on his part.

5. That he will reside in his own allotment room and will not request for change of room except on annual allotment.

6.That he will not keep any outside in his room if do so then the Hostel Administration has the right to Cancel his allotment immediately and start Disciplinary proceedings against him.

DEPONENT SIGNATURES_____

NAME _____

ADDRESS_____

_____

_____