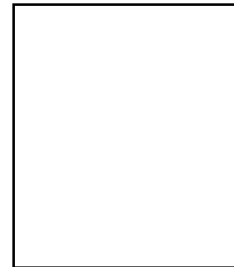




Office of the  
**WARDEN GIRLS HOSTEL**  
*Allama Iqbal Medical College, Lahore.*



**ALLOTMENT APPLICATION FORM**

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

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

<b>Marks Obtained (Last UHS Exam Passed)</b> For Old students	N/A	<b>Prof Exam Name</b>	N/A
		<b>Annual / Supply</b>	N/A
<b>Merit Number AIMC</b> (New 1 <sup>st</sup> year only )		<b>Aggregate Marks</b> (New 1 <sup>st</sup> 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**

<b>Merit No</b>	
<b>Allotted Room No</b>	
<b>Hostel No</b>	
<b>Disability/ Quota / Misc.</b>	

<b>Signature of the WARDEN</b>

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. Result Card SSC (Matric) (Photocopy)
5. Result Card HSSC (FSc) (Photocopy)
6. College Fee Receipt Paid (Photocopy verified College Cashier)
7. Hostel Fee Receipt Paid (Photocopy verified Hostel Cashier)
8. Affidavit (On Stamp Paper of Rs.100/- bearing text as ANNEXED)
9. Two colored passport size photographs (white/blue background)



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**AFFIDAVIT FOR NEW 1ST YEAR ALLOTMENT**  
(Specimen to be printed on E-stamp of Rs. 100)

I, \_\_\_\_\_,  
\_\_\_\_\_, D/O W/O \_\_\_\_\_, a bonafide student of 1st Year MBBS  
class, session 2025, under Class Roll No./Merit No. \_\_\_\_\_ at Allama Iqbal Medical  
College/Jinnah Hospital, Lahore, do hereby solemnly affirm and declare on oath as follows:

1. That I undertake to abide by all the rules, regulations, and policies of the hostel administration, including any amendments, modifications, or additions issued from time to time.
2. That I fully understand and acknowledge that the allotted room is strictly for my personal use, and I am required to reside in the assigned accommodation. Failure to occupy the allotted room or any unauthorized subletting, exchange, or transfer of the room to any other person will result in the cancellation of my allotment, along with the initiation of strict disciplinary action by the hostel administration.
3. That the hostel warden possesses the sole authority to allocate rooms and assign multiple students per room based on the number of applicants and prevailing circumstances. The decision of the warden/chief warden in this regard shall be final and binding, and no already residing student shall have the right to refuse the inclusion of additional occupants.
4. That I will not use any unauthorized electrical appliances such as air conditioners, heaters, or other high-power devices in the allotted room. In the event of any violation of this condition, I accept full responsibility for the payment of fines and/or any disciplinary actions imposed by the hostel administration.
5. That I have carefully read and understood all hostel rules and regulations and hereby undertake to comply with them without exception.
6. ***That the accommodation for 1st Year MBBS students has been arranged in common rooms on compassionate grounds. I have personally inspected the living conditions and accept this arrangement of my own free will.***
7. ***That I understand the common room arrangement is temporary and subject to availability of proper accommodation. Only floor mattresses will be permitted, and no cupboards or electrical appliances will be allowed (Student can bring small trunks). I accept full responsibility for the safety and security of my personal belongings.***

I make this solemn declaration conscientiously, believing the same to be true and correct to the best of my knowledge and understanding, without any coercion or duress.

**STUDENT/APPLICANT**

Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

CNIC: \_\_\_\_\_

Address: \_\_\_\_\_

Cell No: \_\_\_\_\_

Signature & Thumb Imp (Both) with date  
\_\_\_\_\_

**WITNESS (Father/Guardian/Sibling)**

Name: \_\_\_\_\_

S/O,D/O: \_\_\_\_\_

CNIC: \_\_\_\_\_

Address: \_\_\_\_\_

Cell No: \_\_\_\_\_

Signature & Thumb Imp (Both) with date  
\_\_\_\_\_