GOVT. DENTAL COLLEGE AND HOSPITAL

JAMNAGAR, GUJARAT (INDIA)

Pathikashram, Main Road, Navagam, Jamnagar Gujarat-361008

[Phone No: 0288-2550352] [www.gdchjam.org] [Email: dean.gdchjamnagar@gmail.com]

STUDENT PERSONAL DETAILS FORM FOR HOSTEL ADMISSION

A. PERSONAL DETAILS

Affix Passport Size Photograph of the Student

1. Name of the Student: _____

3. Category: ☐ GEN ☐ EWS ☐ SEBC ☐ SC ☐ ST ☐ PH _____

4. Date of Admission: _____, Duration of Course: _____

5. Aadhaar Card No.: _____

6. Blood Group: _____, 7. Mobile No.: _____

8. Email ID: _____

9. Achievements in Extracurricular Activities (if any): _____

_____

10. Hobbies / Areas of Interest: _____

11. Any Medical Condition / Allergy: ☐ No ☐ Yes (Specify): _____

B. PARENT / GUARDIAN DETAILS

1. Father's Name: _____

2. Mother's Name: _____

3. Residential Address *[with pin]:* _____

_____

4. Mobile No. of Parent(s): _____Email ID: _____

5. Father's Occupation & Address: _____

_____

6. Mother's Occupation & Address: _____

_____

7. Mother's Mobile No: _____E-mail: _____

8. Guardian's Name: _____

Mobile No.: _____E- Mail: _____

Relationship: _____

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Guardian's Address *[with pin]*: _____

_____

C. DECLARATION

We hereby declare that the information furnished above is true and correct to the best of our knowledge and belief. We understand that if any information is found to be false or incorrect, the hostel admission may be cancelled and the student may be expelled from the hostel. Any change in address or contact number shall be informed to the Hostel Warden immediately.

Signature of the Student: _____ Date: _____

Signature of Parent / Guardian: _____ Date: _____

D. MENTOR DETAIL *(Office Use Only)*

1. _____
2. _____
3. _____
4. _____