



# GMERS MEDICAL COLLEGE, MORBI

Gibson Middle School, Railway Station Road, Morbi 363641

+91 2822 299424

www.gmersmorbi.com

dean.health.morbi@gmail.com



## STUDENT DETAILS FORM

PHOTO

Hostel Room No : \_\_\_\_\_

Name : \_\_\_\_\_  
SURNAME FIRSTNAME FATHER'SNAME

### Basic Profile

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

Mother's Name : \_\_\_\_\_

Gender : Male/Female Year of Admission: \_\_\_\_\_

Date of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_ Blood Group: \_\_\_\_\_

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

City : \_\_\_\_\_ Pincode : \_\_\_\_\_

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

Student Mobile No : \_\_\_\_\_

Father's Mobile No : \_\_\_\_\_ Mother's Mobile No: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Mother's Occupation: \_\_\_\_\_

Local Guardian Name : \_\_\_\_\_

Local Guardian Contact No : \_\_\_\_\_

Local Guardian Address : \_\_\_\_\_

Student's Sign

\_\_\_\_\_

## UG HOSTEL ROOM ALLOTMENT FORM

Name of UG Student: \_\_\_\_\_

Batch: \_\_\_\_\_

Hostel Block: \_\_\_\_\_

Room Type: \_\_\_\_\_

Hostel Room No: \_\_\_\_\_

### **Furniture and Fixtures provided in the Room:**

<b>Sr. No.</b>	<b>Description</b>	<b>Register Number</b>
1.	Bed	
2.	Table	
3.	Chair	
4.	Cupboard	
5.	Fan	
6.	Tube Light	

**Note: Common facilities available as Water Cooler, R.O. Plant, geyser etc.**

### **Declaration:**

I have verified the number of furniture and fixtures available in my room and have found them to be true. I agree that if the above listed items are found to be damaged or missing then an appropriate penalty amount and the cost of furniture or fixture will be deducted from my security deposit.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Applicant: \_\_\_\_\_

---

### For Office Use Only

Admin Executive: \_\_\_\_\_ Sign & Date : \_\_\_\_\_

Warden Name: \_\_\_\_\_ Sign & Date : \_\_\_\_\_