



## UNIVERSITY OF MIANWALI

### GIRLS HOSTEL APPLICATION FORM

Session \_\_\_\_\_  
(ALL ENTRIES MUST BE MADE IN  
CAPITAL LETTERS)

S. No. ....

Affix your latest  
passport size  
photograph  
here

1. Name of Student Ms. /Mrs .....
2. Nationality .....
3. Date of Birth .....
4. Enrolment No. ....
5. Course & University School of Study .....
6. a) Date of Joining University .....
- b) Date of Joining the Hostel .....
7. Name of Parents : Father .....
- Mother .....
8. E-mail ID.....
9. Present Address of the Parents :

OFFICE

RESIDENCE

TeIno.....

TeIno.....

Mobile .....

Mobile.....

10. To be filled by the Office : Allotted Room No. ....

\*In case of change in Residential Address of parents during the session:

(Signature of Warden)

11. Undertaking by the Parents

I .....hereby declared that  
Ms./Mrs..... Is my daughter/ wife  
I nominate Ms. /Mrs. .... the relevant  
information about whom is furnished below, as her local guardian. If my daughter / wife  
Ms. / Mrs. ....violates any rules or  
regulations of the Hostel, disciplinary action may be taken against her in accordance with the  
disciplinary rules of the University.

Name and address of Local guardians (Mandatory).

OFFICE

RESIDENCE

.....  
.....  
.....

Tel No. ....

Email ID .....

.....  
.....  
.....

Tel No. ....

Email ID .....

ii) .....

.....

Tel No. ....

Email ID .....

.....

.....

Tel No. ....

Email ID .....

12. Contact Address in case of Emergency :

.....  
.....  
.....  
.....

Tel No. ....

Mobile No. ....

13. Mobile No. of the Student ..... Email ID.....

14. Extra Curricular Activities .....

I \_\_\_\_\_ have read the hostel rules & agree to follow the hostel rules.

(Signature of Student)

I undertake that the information given by my daughter / wife is true & she will abide by the  
hostel rules.

Date: .....

(Signature of Parents)

## MEDICAL FITNESS FORM

(To be submitted at the time of  
Interview/Admission)

(Session \_\_\_\_\_)

Name of Student Ms./Mrs .....

D/o .....

Age..... Sex : ..... Marital Status .....

Address: .....

Name, Address and Phone No. of Family Doctor .....

.....

Have you ever been diagnosed with Diabetes/Hypertension/Sleeping disorder/Anorexia/Tuberculosis/

Asthma/Epilepsy or any Psychiatric illness? Yes / No

If yes, provide details of treatment taken and Name and Address of the Doctor .....

Are you HIV positive? Yes / No

Are you Hepatitis B Positive? Yes / No

Are you suffering from any category of Skin Disease?

If yes, please specify .....

Are you suffering from any heart disease? Yes / No

Are you suffering from any disease which may require sudden emergency treatment? Yes / No

If yes, please mention the line of treatment it may require.....

Mention any other disease.....

Are you suffering from any fear/Phobia. If yes, please specify.....

Other than above any other medical information you want to give. (Attach a separate sheet)

\* Strike whichever is not applicable.

PTO

**CERTIFICATE FOR AVAILING ADMISSION AGAINST PHYSICALLY  
HANDICAPPED QUOTA**

(To be submitted at the time of Interview/Admission)  
(Session\_\_\_\_\_)

Certified that Ms./Mrs.....  
Daughter/Wife of .....is  
Physically handicapped due to..... and she is  
Fit for undergoing the course(s) .....

(Office Seal)

Signature In-charge  
Admissions Cell

Date:

# UNIVERSITY OF MIANWALI



The Photo  
Should be  
Attested by the  
warden / Chief  
Warden

## HOSTEL IDENTITY CARD FORM

1. Name .....
2. Class ..... Subject .....
2. Father's Name .....
3. Mother's Name .....
4. Date of Birth (Day, Month, Year).....
5. Permanent Address .....  
.....  
.....
6. Address of Parents for Correspondence (if different from above)  
(Phone / Fax / E-mail) / Mobile .....  
.....
7. Name and Address of Local Guardian.....  
(Phone / Fax / E-mail) / Mobile .....  
.....
8. Room No. ....
9. Hostel/Admission fee Receipt No..... Date. ....

Signature of Clerk

**Signature of Hostel Superintendent**

**Signature of Hostel Warden**