

# Birbhum Vivekananda Homoeopathic Medical College & Hospital

Affiliated to The West Bengal University of Health Sciences,  
Recognised by C.C.H. & Govt. of West Bengal  
(Established – 1972)

**SAINTHIA \* Dist. BIRBHUM \* PIN – 731234 (W.B.)**

Phone & Fax No. :- (03462) 264433,

[www.bvhmch.com](http://www.bvhmch.com)

## HOSTEL ADMISSION FORM (GIRLS/BOYS)

Session 20.... - 20....

1. Name (In Block Letters) : \_\_\_\_\_
2. Father's Name : \_\_\_\_\_
3. Permanent Address (In Block Letters) : \_\_\_\_\_  
(With Telephone No.) \_\_\_\_\_  
\_\_\_\_\_
4. Date of Birth : \_\_\_\_\_
5. Sex : \_\_\_\_\_
6. Single/Married : \_\_\_\_\_
7. Nationality : \_\_\_\_\_
8. Religion : \_\_\_\_\_
9. Caste : \_\_\_\_\_
10. Physically Handicapped (Yes/No) : \_\_\_\_\_
11. Date of Admission : \_\_\_\_\_  
(In the B.H.M.S course)

Affix recent  
Pass port size  
Photograph

### DECLARATION

I, Mr./Miss.....S/O,D/O.....do hereby solemnly declare that I have agree to abide by the hostel rules and regulations laid therein. The authority shall have be liberty to cancel my boarder-ship in case of any false statements submitted by me or to violet the hostel rules and regulations.

\_\_\_\_\_  
Signature of the applicant  
Date.....

For office use only :- Hostel Admission Date.....  
Room No./Bed No.....  
Hostel Admission fee paid (Yes/No).....  
Signature of the hostel super.....