



Nil Ratan Sircar Medical College

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HOSTEL ALLOTMENT FORM-2024

Paste Photo

1. Name of the Student :.....
2. Student's (a) Date of Birth (DD/MM/YYYY) :
3. (b) Mobile No. (91+).....
4. Father's Name:
5. Father's Contract No. : (91+)
6. Address:
(a) Present Address:
.....
Dist.:, Pin:
7. Distance From Hostel:
8. Hostel Needed (Yes/ No) :.....

Place:

.....
Signature of Application

Date: