**OFFICE OF THE CHAIRMAN, COUNCIL OF WARDENS, SCB MEDICAL COLLEGE, CUTTACK**

**APPLICATION FORM FOR ALLOTMENT OF HOSTEL SEAT**

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| **MALE** | **FEMALE** |
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| Passport photo to be attached |

1. Name of the applicant

(With Contact number)

1. Name of father/guardian

(With Contact Number)

3. Year and Roll No.

(In case of MBBS/BDS) students

1. Year and Subject

(In case of P.G student)

1. Present Address
2. Permanent Address
3. Whether Physically handicapped

Or not (If please attach a copy of the certificate)

1. Rank in J.E.E

(In case of 1st year MBBS/BDS students

UNDERTAKING

I do here by undertake that the information above are true and there is no suppression of fact, if any complain or urgent information is detected at any time in future, I will be entitled held responsible and will abide by the disciplinary action taken by the authority.

Date: - Signature of the applicant