

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

APPLICATION FORM FOR ALLOTMENT OF HOSTEL SEAT

MALE	FEMALE

Passport
photo to be
attached

1. Name of the applicant
(With Contact number)
2. Name of father/guardian
(With Contact Number)
3. Year and Roll No.
(In case of MBBS/BDS) students
4. Year and Subject
(In case of P.G student)
5. Present Address
6. Permanent Address
7. Whether Physically handicapped
Or not (If please attach a copy of the certificate)
8. 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