

WAH MEDICAL COLLEGE, WAH CANTT

HOSTEL RESIDENCE APPLICATION FORM

Passport Size
photograph to be
pasted and then
attested on the
front

Name _____

Father's/Guardian's Name _____

Domicile _____

Nationality _____

Present Address _____

Phone _____ E-mail _____

Permanent Address _____

_____ Phone No: _____

Person to be contacted in Case of Emergency _____

_____ Relationship _____

Mobile: _____ Phone: Office _____ Residence: _____

E-mail: _____

I will abide by the hostel rules and regulations. I will reside myself only on the basis of the hostel card issued to me by the WMC authorities and will not hand over the same to anyone else. In case of violation/abuse of procedure, I will deem myself as well as the person, to whom the card has been illegally handed over by me, liable to strict disciplinary action/cancellation of hostel card etc. I will vacate the hostel as & when the relevant card expires or is withdrawn by the College authorities.

I further undertake that I will not indulge in any activity prejudicial to the good order and discipline of the College, failing which, I will not object to any disciplinary action taken against me by the College authorities.

(Signature of Applicant)

(Signature of Father/Guardian)

Name: _____

Name: _____

Date: _____

Date: _____

Hostel Warden: _____

Date: _____

Chief Warden: _____

Date: _____

WAH MEDICAL COLLEGE, WAH CANTT

HOSTEL VISITOR LIST

Student's Name _____ Class _____ Father's/Guardian's
 Name _____ Phone No. _____
 Alternate Phone No. _____

1. Names of persons who are allowed to visit the student in the Hostel:

| Name (in Capital Letters) and CNIC No. | Relationship | Address |
|---|--------------|---------|
| | | |
| | | |
| | | |

2. I, father/guardian of _____ do hereby permit the following two individuals to take my ward out from the College hostel for a period of:

- | | | | |
|---------------|--------------------------|--------------------------|------------------------------------|
| | Yes | No | |
| • A few hours | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Weekend | <input type="checkbox"/> | <input type="checkbox"/> | [Mark X in the box not applicable] |
| • Holidays | <input type="checkbox"/> | <input type="checkbox"/> | |

(i) First Individual's Name _____

Father's Name _____

Designation/Occupation _____

Relationship _____ CNIC #

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

(Please attach an attested Photocopy of CNIC)

Address _____

Mobile: _____ Res _____ Phone: Office _____

E-mail _____

(ii) Second Individual's Name _____

Father's Name _____

Designation/Occupation _____

Relationship _____

CNIC #

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

(Please attach an attested Photocopy of CNIC)

Address _____

Mobile: _____ Res _____ Phone: Office _____

E-mail _____

Signature of Father/Guardian

Signature of Student

Name _____

Name _____

Address _____

Hostel Warden: _____

Date: _____

Chief Warden: _____

Date: _____