

# WAH MEDICAL COLLEGE

## HOSTEL RESIDENCE APPLICATION FORM

FOR BOARDERS OF MBBS SESSION 2022-23

(PRIOR TO FILLING THE FORM, PLEASE READ THE INSTRUCTIONS PAGE CAREFULLY)

|                             |  |  |  |  |  |             |  |  |  |  |       |  |          |   |  |  |  |
|-----------------------------|--|--|--|--|--|-------------|--|--|--|--|-------|--|----------|---|--|--|--|
| Name                        |  |  |  |  |  |             |  |  |  |  |       |  |          | photograph<br>to be pasted and<br>Front attested from |  |  |  |
| Date of Birth               |  |  |  |  |  | Age         |  |  |  |  |       |  |          |   |  |  |  |
| CNIC/Form-B No              |  |  |  |  |  | Gender      |  |  |  |  |       |  |          |   |  |  |  |
| Domicile                    |  |  |  |  |  |             |  |  |  |  |       |  |          |   |  |  |  |
| Student's Email             |  |  |  |  |  |             |  |  |  |  |       |  |          |   |  |  |  |
| Contact No.                 |  |  |  |  |  |             |  |  |  |  |       |  |          |   |  |  |  |
| WhatsApp No.                |  |  |  |  |  |             |  |  |  |  |       |  |          |   |  |  |  |
| Nationality                 |  |  |  |  |  | Religion    |  |  |  |  |       |  |          |   |  |  |  |
| Father's Name               |  |  |  |  |  |             |  |  |  |  | Alive |  | Deceased |   |  |  |  |
| CNIC No.                    |  |  |  |  |  | -           |  |  |  |  |       |  | -        |   |  |  |  |
| Contact No.                 |  |  |  |  |  | WhatsApp No |  |  |  |  |       |  |          |   |  |  |  |
| Email                       |  |  |  |  |  |             |  |  |  |  |       |  |          |   |  |  |  |
| Mother's Name               |  |  |  |  |  |             |  |  |  |  | Alive |  | Deceased |   |  |  |  |
| CNIC No.                    |  |  |  |  |  | -           |  |  |  |  |       |  | -        |   |  |  |  |
| Contact No.                 |  |  |  |  |  | WhatsApp No |  |  |  |  |       |  |          |   |  |  |  |
| Email                       |  |  |  |  |  |             |  |  |  |  |       |  |          |   |  |  |  |
| Guardian's Name             |  |  |  |  |  |             |  |  |  |  |       |  |          |   |  |  |  |
| CNIC No.                    |  |  |  |  |  | -           |  |  |  |  |       |  | -        |   |  |  |  |
| Contact No.                 |  |  |  |  |  | WhatsApp No |  |  |  |  |       |  |          |   |  |  |  |
| Email                       |  |  |  |  |  |             |  |  |  |  |       |  |          |   |  |  |  |
| Current Mailing Address     |  |  |  |  |  |             |  |  |  |  |       |  |          |   |  |  |  |
| Permanent Mailling Address  |  |  |  |  |  |             |  |  |  |  |       |  |          |   |  |  |  |
| Note:                       | <i>All future correspondence with parents / gaurdians will be made on current address and above<br/>gived emails IDs and WhatsApp numbers, as and when required.</i> |  |  |  |  |             |  |  |  |  |       |  |          |   |  |  |  |
| <b>IN CASE OF EMERGENCY</b> |  |  |  |  |  |             |  |  |  |  |       |  |          |   |  |  |  |
| Person to be Contacted      |  |  |  |  |  |             |  |  |  |  |       |  |          |   |  |  |  |
| Relationship with Student   |  |  |  |  |  |             |  |  |  |  |       |  |          |   |  |  |  |
| CNIC No.                    |  |  |  |  |  | -           |  |  |  |  |       |  | -        |   |  |  |  |
| Contact No.                 |  |  |  |  |  | WhatsApp No |  |  |  |  |       |  |          |   |  |  |  |
| Email                       |  |  |  |  |  |             |  |  |  |  |       |  |          |   |  |  |  |

**HOSTEL VISITOR LIST**  
**(Other than Mother / Father)**

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

| Ser | Name | CNIC | Relationship |
|-----|------|------|--------------|
| 1   |      |      |              |
| 2   |      |      |              |
| 3   |      |      |              |

I, father / Mother / guardian of \_\_\_\_\_ do hereby permit / allow my son / daughter to commute to / from Wah Medical College Fatima Hostel on her own as and when required. Wah Medical College (Fatima Hostel) administration will not be responsible for any accident / mishap or her whereabouts outside College premises.

I also, do hereby affirm that above mentioned nominees may visit my son / daughter residing at WMC Hostel (Fatima / Jinaah).

\_\_\_\_\_  
**Checked and Verified by**  
**Student Affairs**

\_\_\_\_\_  
**Father / Mother / Guardian**  
Guardian in case father / mother is not alive

\_\_\_\_\_  
**Chief Warden / Warden**