

# ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NAGPUR

Website: [www.aiimsnagpur.edu.in](http://www.aiimsnagpur.edu.in)

## HOSTEL ACCOMMODATION FORM

(To be filled by the applicant in his/her own handwriting clearly and carefully)

(For B.Sc (Hons.) Nursing Student)

### For Office Use

Hostel Allotted : \_\_\_\_\_

Room No. : \_\_\_\_\_

College Roll No. : \_\_\_\_\_

Admission Year : \_\_\_\_\_

Affix  
recent passport  
size coloured  
photograph

1. Student Name (in capital) : \_\_\_\_\_

2. Course for which admission taken: B.Sc (Hons.) Nursing

3. Date of Birth : \_\_\_\_\_

4. Sex:  Male  Female

5. Student's Mobile : \_\_\_\_\_ Email ID: \_\_\_\_\_

6. Father's Name : \_\_\_\_\_

7. Father's Occupation : \_\_\_\_\_

8. Mother's Name : \_\_\_\_\_

9. Mother's Occupation : \_\_\_\_\_

10. Father's Mobile No. : \_\_\_\_\_ Mother's Mobile No. : \_\_\_\_\_

11. Parents Email ID : \_\_\_\_\_

12. Permanent Residential Address (with phone number and STD code) : \_\_\_\_\_

\_\_\_\_\_

13. Address for Correspondence : \_\_\_\_\_

\_\_\_\_\_

14. Name and Address of local guardian (with Mobile/Telephone no.) : \_\_\_\_\_

\_\_\_\_\_

15. Relation of student with local guardian : \_\_\_\_\_

16. Serious ailment, if any : \_\_\_\_\_

17. Blood group : \_\_\_\_\_

18. Admission Fee bill receipt No. : \_\_\_\_\_ Dated : \_\_\_\_\_

Date :

Signature of Student