



ADESH UNIVERSITY

(Established under Government of Punjab Act 6 of 2012)

NH-7, Barnala Road, Bathinda-151101 Punjab (India)

Post Graduate Admission 2025

APPENDIX-B

REQUEST FOR HOSTEL ACCOMMODATION

at Resident Hostel of

(Name of Institution)

(A constituent college of Adesh University)

TO BE SUBMITTED AT THE TIME OF ADMISSION

Please fill Two Copies of this form in CAPITAL LETTERS with Blue/Black Ink

To,
The Principal

Campus, Adesh University
Barnala Road, Bathinda-151101.

Sir/Madam,

I have taken admission in Post Graduate course on _____ at this institute. You are requested to kindly allot me hostel accommodation in the Resident Hostel of ADESH INSTITUTE OF MEDICAL/DENTAL SCIENCES & RESEARCH (a constituent college of Adesh University), BATHINDA. My particulars are as under:

Course: **MD/MS** and **MDS** (please tick) Specialty _____ Category: _____

Gender (Male/Female) : _____

Name of Student

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mobile Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Father's Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mobile Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mother's Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mobile Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Permanent Address

Father's Email

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country Code

--	--	--	--	--

Area STD Code

--	--	--	--	--

Land Line No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Local Guardian(s)
Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address

Area STD Code

--	--	--	--	--

Phone No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mobile

--	--	--	--	--	--	--	--	--	--

E-Mail

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I undertake to abide by the Hostel Rules of the Institution/ Adesh University framed from time to time. In case of failure I shall be liable for disciplinary action as per policy of the Institution/ University. I **shall intimate the college authorities if there is any change of my above particular(s) immediately** upon occurrence. I hereby submit affidavit as per MCI Regulations regarding ragging

Yours faithfully

Date: _____

Signature of the Student

**For office use only
HOSTEL ALLOTMENT**

1. Amount of Hostel fee paid vide Receipt No. _____ Dated _____
2. Block/Building _____ Floor _____ Room No. _____
3. Detail of Fixture and Furniture handed over to the PG student:

4. Remarks if any _____

Date: _____

Warden
(PG Residence Hostel)

Hostel Supdt.
(PG Residence Hostel)

Counter Signature Principal _____ Date _____

RE-ALLOTMENT OF HOSTEL

1. Date of Re-allotment _____
2. Amount of Hostel Fee Paid Vide Receipt No. _____ Dated _____
3. Hostel No. _____ Block _____ Floor _____ Room No. _____
4. Detail of Furniture and Fixture _____
5. Reason for Re-allotment _____

Date: _____

Warden
(PG Residence Hostel)

Hostel Supdt.
(PG Residence Hostel)

Counter Signature Principal _____ Date _____

Note: One copy of this form to be placed in the personal record of the Student and another filled copy of this form to be retained by the Deputy General Manager (Support Services) in his office record.