



10 Health Status

- Do you smoke?  Yes  No
- Do you have any health problem  Yes  No  
*If yes then give details*  
\_\_\_\_\_
- Are you currently on any medication  Yes  No  
*If yes then give details*  
\_\_\_\_\_

Note:

*Please provide necessary details regarding your health status e.g. allergies. This will allow and will be able to you provide appropriate assistance on time. Your Hostel warden / House Mother is there to make your hostel stay comfortable stay comfortable.*

- 11 Any information, which will be useful for us to know about you and is not included in this form, may be listed on the space provided below including any medical/health problems. (All such information will be treated as completely confidential).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*All hostel policies must be followed without exception, failure to do so will result in vacating of hostel accommodation.*

- 12 I hereby, declare, that to best of my knowledge, the information given in this form is correct, true and complete. I understand that a false statement may result in expulsion from the hostel.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Parent/Guardian

**FOR OFFICE USE ONLY**

Date of moving into hostel

Assigned Hostel &Room No.

Assigned Hostel Warden/House Mother \_\_\_\_\_