## Shifa College of Medicine Hostel Accomodation Request Form

1 Date of Request						
2 Name		Male Female				
3 Father's Name						
4 Date of Birth	Day Month Year					
5 N. I. C. No						
6 Present Address						
		Tel. No:				
7 Permanent Adress						
Tel. No:						
Note: It is your responsibility to keep the warden/House Mother updated about your latest contacts.						
8 Do you have any relative(s) in Islamabad Yes No						

If yes then please provide the following details:

S#	Name	Relationship	Contact/Address	Phone

9 List the name of visitors who are expected to visit you and are allowed by your parents.

Please also submit visitors photographs with signature of your parents on bac to validate visitors permission, along with this form.

S#	Name	Relationship	N. I. C. No	Contact/Address	Phone

## 10 Health Status

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

## 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 s	so will	result in	vacating	of hostel
acc	ommodation.									

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		