



Claudine college of Nursing

NH45, Chellampatti Post, 624211, Dindigul District .TN

www.leonardhospital.org

HOSTEL ADMISSION FORM

Passport Photo of the Applicant

APPLICATION NO.: ROOM No :

COURSE ADMITTED TO: YEAR :

1. Name of the applicant (in block letters)

2. Date of Birth
dd mm yyyy

3. Mother Tongue

4. Address for Communication

Tel/Mobile..... Pincode :

Email.....

5. Father's Name

6. Mother's Name

Passport Photo of the Father & Mother together

7. Permanent Address

Tel/Mobile..... Pincode :

Email.....

8. Name of the Local Guardian

9. Local Guardian Address

Passport Photo of the Guardian

Tel/Mobile.....

Email.....

10. In case of Emergency : Mobile..... Name :

Landline :

■ **UNDERTAKING**

I hereby declare that I have read the rules and regulations of this hostel and fully understood and I promise to abide by them. I have understood that in the event of my violation of any rules and regulations, I am liable to be immediate expelled from the Hostel. I also promise to pay my full fees before the due date. I acknowledge fees once paid will not be refunded under any circumstances. I also accept to complete one full year in the hostel & in case of discontinuation, I promise to pay the full (12 months) hostel fees without fail.

Place:

Signature of the Applicant

Date:

Signature of the Parent
(Father/Mother)

Signature of the Guardian

Verified and Found correct

The Candidate may / may not be admitted to Hostel

Admission Committee

For Office Use only

Admitted on.....Room No.....

Hostel Fee Collected Rs.....

Receipt No.: Date.....

Director