



कार्यालय अधिष्ठाता
शासकीय चिकित्सा महाविद्यालय दतिया (म.प्र.)

टेलीफोन नं. 07522-234001

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पता - 29 बटालियन के पास, एन.एच.75, जिला दतिया, म.प्र. 475661

Student Hostel Allotment Letter

Paste a Photo

Allotment Hostel Room No
Personal Detail:
College Roll No
Name Of Student
Date Of Birth
Email Id.....
Mobile No, What's App No (Student): 1 2.....
Blood Group
Permanent Adders Of Student
Father's Name
Email Id
Father's Mobile No 1)..... 2).....
Father's Occupation
Mother's Name
Mother's Mobile No
Mother's Occupation
Name Of Local Guardian's Neighbor/ Immediate Contact
Relationship
Contact No & Address
Submitted Photo Id & Address Proof:

छात्रावास के नियम-

1. छात्रावास में किसी भी प्रकार का नशे का सेवन करना मना है।
2. छात्रावास में किसी भी बाहरी व्यक्ति को रखना मना है।
3. छात्रावास में किसी भी प्रकार की हिंसा स्वीकार नहीं की जायेगी।
4. छात्रावास में किसी भी प्रकार की तोड़-फोड़ करना सख्त मना है।
5. छात्रावास में मोबाईल/लैपटॉप चार्जिंग के अतिरिक्त अन्य कोई भी बिजली के उपकरण का उपयोग नहीं किया जायेगी।

मुझे छात्रावास के सभी नियमों से फाउण्डेशन कोर्स के पहले दिन ही अवगत करा दिया है और इसका पालन करने के लिए पूर्णतः सहमत हूँ। यदि मेरे द्वारा कोई भी नियम तोड़ा जाता है तो मैं संस्थान के द्वारा दिये गये दण्ड को स्वीकार करता/करती हूँ।

वार्डन के हस्ताक्षर

अभिभावक के हस्ताक्षर

छात्र/छात्रा के हस्ताक्षर

ANTI RAGGING FORM

UNDERTAKING FROM STUDENT AND PARENTS/ GUARDIAN

I,.....S/O, D/O.....hereby at the time of my admission into M.B.B.S. course in Government Medical College, Datia (M.P.) pledge that I will not indulge in any such activity which will bring a bad name to the institution. I promise to remain regular in theory and practical classes. I will never get involved in any indiscipline or activities like ragging, quarrels, fight etc.

In case I am found involved in any indiscipline or undignified activities including ragging, the college administration has every reason and right to take required disciplinary action/ cancel my admission.

I have read this NEET exam booklet for UG carefully and shall follow all the rules and regulation quoted in this booklet.

Date:

Signature:

Name:

Sign of witness:

Counter signature of Parents/ Guardian

Name:

Name:

Address:

Ph/ Mobile:

Email (If Any):

Government Medical College, Datia (M.P.)

Central Library Membership Requisition Form (For Student)

Photo of candidate
clipped only

To

The Dean

Govt. Medical College Datia (M.P.)

Respected Sir,

Myself; student of MBBS First year with following detail requesting you kindly issue me membership card of Central Library of Govt. Medical College, Datia so that I can avail library facility for study purpose. My detail is following :-

Name of applicant (**Capital Letter**)

MBBS Admission year DOB..... Age.....

Sex- M/F,

Aadhar No.....

Mobile No Email id.....

Thank you sir

Declaration by candidate- I have read all rules & T/C of Central Library of Govt. Medical College, Datia, I will follow all the rules (enclosed with application form), if I will violate any rules then College Authority/ Central Library Authority can take action accordingly.

Date.....

Signature of applicant

For Office use only

Central Library Membership No.....is issued to

Date of issue.....

Signature of Officer In charge, Central Library

Signature of Librarian/Dept Librarian