

कार्यालय अधिष्ठाता

शासकीय चिकित्सा महाविद्यालय दतिया (म.प्र.)

टेलीफोन नं. 07522-234001

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Student Hostel Allotment Letter	
Allotment Hostel Room No	
Personal Detail:	
College Roll No	Paste a Photo
Name Of Student	
Date Of Birth	
Email Id	,
Mobile No, What's App No (Student): 1	
Blood Group	
Blood Group Permanent Adders Of Student	
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Email Id	
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Father's Occupation	
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Relationship	
Contact No & Address	
Submitted Photo Id & Address Proof:	
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गत्राषास के नियम-	
1. छात्रावास में किसी भी प्रकार का नशे का सेवन करना गना है।	
२ छात्रावास में किसी भी बाहरी व्यक्ति को रखना गना है।	
3 छात्रावास में किसी भी प्रकार की हिंसा रवीकार नहीं की जायेगी।	
4. छात्रावास में किसी भी प्रकार की तोंड-फोड करना सखा मना है।	0: (2:22)
 छात्रावास में मोबाईल / लैपटॉप चार्जिंग के अतिरिक्त अन्य कोई भी बिजली के उपकरण का उपयोग न 	हा किया
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मुझे छात्रावास के सभी नियम से फोर्डण्डशन कार्स के पहेला देने ही अवगत कर दिवस है जारे इराग स्तरान पूर्णत सहमत हूँ। यदि मेरे द्वारा काई भी नियम तोड़ा जाता है तो मैं रास्थान के द्वारा दिये गये दण्ड	को रवीकार
पूर्णत सहमत हूं। याद मर द्वारा काई मा गायम साझा जाता है सा मर्साहर है।	All and a second
करता / करती हूँ।	
वार्डन के हस्ताक्षर अभिभावक कि हस्ताक्षर छात्र/छात्रा के	हरताक्षर

ANTI RAGGING FORM

UNDERTAKING FROM STUDENT AND PARENTS/GUARDIAN

time of my admission into M.B.B.S. course pledge that I will not indulge in any such	in Government Medical College, Datia (M.P.) activity which will bring a bad name to the theory and practical classes. I will never get agging, quarrels, fight etc.
ragging, the college administration has every action/ cancel my admission. I have read this NEET exam bookle	y indiscipline or undignified activities including reason and right to take required discipilanary et 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:
i di Para Para Para Para Para Para Para Par	Address:
	Ph/ Mobile:
	Email (If Any):

Government Medical College, Datia (M.P.)

Central Library Membership Requisition Form (For Student)

Photo of candidate clipped only

То

T	he	Dear	

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:-

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Name of applicant (Capital Let	ter)		
10			
Name of applicant (Capital Let MBBS Admission year	DOB	Age	······································
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Declaration by candidate-	I have read all rules & T/C	of Central Library of Gov	· lu-
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rules then College Authority/	Central Library Authority can	take action accordingly.	11 5
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Signature of Officer In charge, Co	entral Library	Signature of Librarian/De	ept Librarian
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