

MARGALLA INSTITUTE OF HEALTH SCIENCES
GIRL'S HOSTEL VISTOR'S LIST

Student Name _____ Class _____

Father's / Guardian Name _____

Phone # _____ Cell Phone # _____

Name of persons who can visit student in the Girls Hostel or may get leave of the student:
(Close relative)

Name (in Capital Letters) NIC # Thumb Impression	Relationship with the Student	Address / Contact #
1		
2		

(Please attach an attested photocopy of NIC)

Signature of Father / Guardian

Signature of Student

Signature of Warden

Signature of Provost

Date _____

Date _____

Approved By Principal