

**MARGALLA INSTITUTE OF HEALTH SCIENCES**  
**HOSTEL ACCOMODATION FORM**

Student Name \_\_\_\_\_ Course \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_

Nationality \_\_\_\_\_

Present Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Res. Phone \_\_\_\_\_

CNIC # of the Student \_\_\_\_\_

CNIC # of the Parent's / Guardian \_\_\_\_\_

Passport size  
Photograph to be  
Pasted and the  
attested on front

**Any Reference other than the parent's**

Name \_\_\_\_\_ Contact # \_\_\_\_\_

Address \_\_\_\_\_

**Person to be contacted in case of Emergency**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Office \_\_\_\_\_ Res. \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ FAX \_\_\_\_\_

If I am provided hostel accommodation, I will abide by the hostel rules and regulations and will not indulge in any activity prejudicial to the good behavior and discipline of the hostel, failing which, I will be sun including withdrawal of the hostel accommodation by the authorities.

Signature of Father / Guardian  
Name \_\_\_\_\_

Date: \_\_\_\_\_

Thumb Impression \_\_\_\_\_

**Provost** \_\_\_\_\_

Dated: \_\_\_\_\_

Signature of Student  
Name \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_