

No.

APPLICATION FOR ADMISSION TO THE HOSTEL
WOMEN'S CHRISTIAN COLLEGE, CHENNAI – 600 006

1. Name.....
(In BLOCK LETTERS)

2. Major & Class

3. Name of { Father..... Legal Guardian.....
Mother

4. Home Address

5. Address of Legal Guardian

6. Date of Birth according to the Christian Era

7. Religion: (State denomination if Christian, caste if Hindu)

8. Food Required : Vegetarian
Non-vegetarian

9. Name and address of the hostel resided in, in the past years (if any, with dates)
.....
.....

AGREEMENT

I have read the Rules and Regulations of the Women's Christian College Hostel.

I hereby agree to abide by these rules in letter and spirit and to uphold the College Regulations and Traditions. I understand that I will be expelled from the hostel, if any of these rules are violated.

.....
Signature of the Candidate

I / we have read the rules and regulations of the Women's Christian College Hostel and I / we undertake the responsibility of seeing that these rules are followed by our ward. If any of these rules are violated by my ward we accept the decision of the College.

.....(AND)..... (OR)

Signature of Father Signature of Mother Signature of Guardian

Date:

1. Name of the Candidate:
2. Age and Date of Birth:
3. Have you ever had

	(a) Jaundice	Yes / No	Date:
	(b) Malaria	Yes / No	“
	(c) Typhoid	Yes / No	“
	(d) Epilepsy	Yes / No	“
	(e) Rheumatism	Yes / No	“
4. Do you suffer from

	(f) Asthma	Yes / No	Date:
	(g) Any skin infection	Yes / No	“
	(h) Any other ailments	Yes / No	“
5. Do you have any allergy to drugs? Yes / No
If yes, Give details.
6. Have you suffered from any form of nervousness due to overwork or any other cause?
7. Blood Group (only for emergency) :
8. Any physical disability:
9. In cases of illness requiring hospital care – Please indicate your choice:
 1. CSI Kalyani Hospital, Mylapore
 2. Bethany Mission Hospital, Chetpet.....
 3. Mehta Nursing Home, Chetpet
 4. St. Isabel Hospital, Mylapore
 5. Any other arrangement
 (Specify)*

In case of emergency, my daughter could be admitted in the General / Special Ward in Hospital.

* Name, address and phone No. of the person(s) to be contacted to make this arrangement. You are also requested to inform the person about this special responsibility.

Date :

.....
Candidate's Signature

.....(AND)..... (OR).....
Signature of Mother Signature of Father Signature of Guardian

Note: If any of the above information is withheld or incorrectly given the student will be asked to leave the hostel. Official college Doctor will examine each student after the College reopens. An extra Rs. 50/- for hostel application to be added along with the registration fees.