



SHAMS COLLEGE OF NURSING VEHARI

163 / G-Block, Vehari, Pakistan. 0300-4002163, 0300-4003163

HOSTEL ADMISSION & REGISTRATION FORM

Registration No: _____	Date of Admission: _____
Received Amount _____	Receipt No: _____
_____ Signature of Hostel In charge	_____ Signature of Accountant

--

Please use **CAPITAL LETTERS** for this section:

Applicant Full Name: _____

Father / Guardian Name: _____

CNIC Number:

						-												-	
--	--	--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	---	--

Date of Birth:

		/			/				
--	--	---	--	--	---	--	--	--	--

Martial Status:

SINGLE		MARRIED		WIDOWED		DIVORCED	
---------------	--	----------------	--	----------------	--	-----------------	--

Educational Program/Occupation: _____

Institute/Organization: _____

Home Address: _____

_____ City: _____

Personal Phone# _____ Whatsapp # _____

Parents Phone# _____ Whatsapp # _____

(I) Room #- _____ (ii) Bed #- _____

One Month Advance Hostel Fee Rs: _____ Monthly Advance Hostel Fee Rs: _____

Only For Paid Guest: Hostel Admission Fee Rs: _____

Paid Guest / Duration: _____ To _____ Hostel Fee Rs: _____
--

Hostel residents are expected to abide by the hostel Rules and Regulations.

Please file in the Undertaking below

"I hereby undertake to abide by the Hostel Rules and Regulations. I understand that disregarding the rules may result in forfeiting my right to residence in the Hostel!"

Student's Signature

Father / Guardian's Signature

APPROVED VISITORS:

1

Please Affix
Recent Color
Photograph here

2

Please Affix
Recent Color
Photograph here

1. Name: _____ Father Name: _____

CNIC #: _____ Phone #: _____

Address _____ City: _____

2. Name: _____ Father Name: _____

CNIC #: _____ Phone #: _____

Address _____ City: _____

Guardian in other city (in case of Emergency)

3. Name: _____ Father Name: _____

CNIC #: _____ Phone #: _____

Address _____ City: _____

Student's Signature

Father / Guardian's Signature