

TRIDENT GROUP OF INSTITUTIONS , BHUBANESWAR

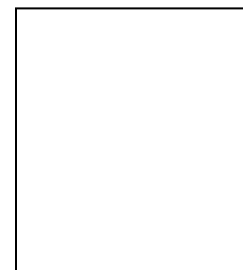
HOSTEL ADMISSION FORM ACADEMIC SESSION 2022-2023

For Office Use

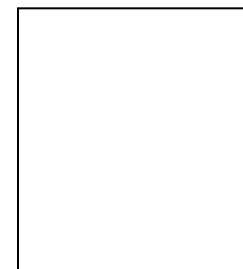
Room No

Bed No

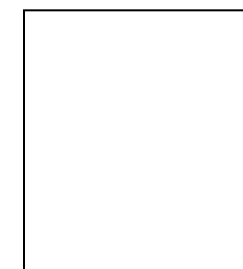
1. Name of the Boarder (Block Letter): _____
2. Date of Birth : _____
3. Course / Branch/ Semester : _____
4. Registration No. : _____
5. Category(GE/SC/ST//OBC/SEBC) : _____
6. Mobile No. : _____
7. E-mail-Id : _____
8. Blood Group : _____
9. Father's Name : _____
10. Father's Occupation : _____
11. Father's Contact No. : _____
12. Mother's Name : _____
13. Mother's Occupation : _____
14. Mother's Contact No. : _____
15. Present Address. : _____
: _____
: _____
16. Permanent Address. : _____
: _____
: _____
17. Local Guardian's Name : _____
18. Local Guardian Contact No. : _____
19. Local Guardian Address. : _____
20. Emergency Contact No with Name : _____



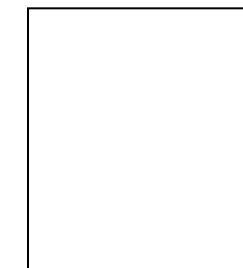
Candidate's Photo



Father's Photo



Mother's Photo



Local Guardian's Photo

DECLARATION

I declare that the details furnished are true to the best of my knowledge.

Date :

Place :

Signature of the Candidate

Signature of Father

Signature of Mother

Signature of Local Guardian

TRIDENT GROUP OF INSTITUTIONS , BHUBANESWAR

UNDERTAKING

I undertake to abide by the rules and regulations of the hostels / college and declare that I shall

1. Obey the in time and out time of the Hostel strictly.
2. Never make any damage to Hostel Property.
3. Never indulge in any activity in my Hostel premises that would cause disturbance to my fellow residents and the other students in the College Campus.
4. Not create noise in the Hostel corridors, lawns or verandahs.
5. Not use Coolers, Heaters, Gas and Electric appliances in Hostel.
6. Not allow Guests in my Hostel Room without Permission of Hostel Authority.
7. Pay my dues as per the schedule of payment.
8. Never take meals and utensils to my room or outside the dining hall.

I undertake that if I violate any of the above mentioned conditions or indulge in any other misconduct. I shall be liable to face any punishment decided by the Hostel or college authorities including expulsion from the Hostel and /or college.

Date:

Signature of the Candidate

Place:

TRIDENT GROUP OF INSTITUTIONS , BHUBANESWAR

MEDICAL QUESTIONNAIRE FOR STUDENTS OPTING FOR COLLEGE HOSTEL

1. Personal Details :

a) Name :

b) Department :

2. Medical History :

Blood Group :

Are you currently taking any prescribed medication? ☐ Yes ☐ No

If yes, plz mention name of the medicine and why you are using this?

Are you currently suffering from, or have you ever suffered from any of the illnesses listed below?

Heart trouble

☐ Yes ☐ No

Lung disease

☐ Yes ☐ No

Stomach / bowel trouble

☐ Yes ☐ No

Jaundice / hepatitis

☐ Yes ☐ No

Joint problem / arthritis

☐ Yes ☐ No

Headaches / migraines

☐ Yes ☐ No

Diabetes

☐ Yes ☐ No

Serious allergies

☐ Yes ☐ No

severe stress reaction

☐ Yes ☐ No

Urinary Tract Infection

☐ Yes ☐ No

High blood pressure

☐ Yes ☐ No

Low blood pressure

☐ Yes ☐ No

Hernia or rupture

☐ Yes ☐ No

Kidney / bladder disorder

☐ Yes ☐ No

Back / neck problem

☐ Yes ☐ No

Fits/epilepsy

☐ Yes ☐ No

Depression /anxiety

☐ Yes ☐ No

Neurological disorder

☐ Yes ☐ No

Skin problems

☐ Yes ☐ No

Asthma

☐ Yes ☐ No

Auto-immune disease

☐ Yes ☐ No

<p>If you have answered 'yes' to any of the questions in section 2, please give further details. This is particularly important where you are continuing with the same problem and you are with medication for same. Plz mention name of medicines you frequently use when you suffer from such complication.</p>

3. Allergy / Condition Questionnaire

Do you have allergies to the following (please indicate items which are applicable and given details)	
Medications	Foods
Chemicals	Other

4. Which drug you frequently used within last one year:
5. Do you normally enjoy good health? Yes No
6. Please provide name and mobile no of two persons whom we can contact in case of any emergency /health problem:

Name	Mobile number

We hereby declare that the information given is full and true to the best of my knowledge. I understand that if at a later date, it is discovered that I have knowingly withheld medical information. I shall solely be responsible for any complication arising there from.

The aforesaid information is true.

Signature of Parent /Parents
Date:

Signature of Student
Date: