**INFORMATION OF THE RESIDENTIAL STUDENTS**

………………………………. Hostel

1. Name with Initials -………………………………………………………………………………………………………………
2. Full Name -………………………………………………………………………………………………………………

 ………………………………………………………………………………………………………………

1. Registration No -………………………………………………………………………………………………………………
2. NIC No -………………………………………………………………………………………………………………
3. Permanent Address -………………………………………………………………………………………………………………
4. Hand Phone No -………………………………………………. Phone No(Home)-…………………………….

 e mail - …………………………………….

1. Name of the Guardian-………………………………………………………………………………………………………………
2. Address -………………………………………………………………………………………………………………

-………………………………………………………………………………………………………………

1. Telephone Number -………………………………………………………………………………………………………………
2. Are you suffering from any disease -…………………………………………………………………………………….
3. if Yes, From Which disease -…………………………………………………………………………………….

-……………………………………………………………………………………

1. Who is the Doctor you are Tested -……………………………………………………………………………………
2. How Long you are taking Medicine -……………………………………………………………………………………

**I Hereby certify that the above mentioned particulars are true & accurate**.

Signature Of Student - ………………………………….. Date - ………………………………………

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