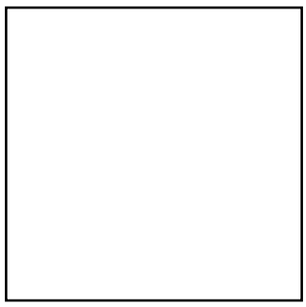
GOVERNMENT OF ARUNACHAL PRADESH
BINNI YANGA GOVT. WOMEN'S COLLEGE POMA

ITANAGAR, ARUNACHAL PRADESH INDIA
Website: https//bygwcpoma.in, E-mail- principalwcnlg@gmail.com, Phone no 8132903474/9436040236

Form No……. Date…….....

APPLICATION FORM FOR HOSTEL ADMISSION IN POMA HALLS OF RESIDENCE



Applicant's Details

1. Name (In Block Letters :…….....
2. Parents
   a. Father's Name :…….....
   b. Mother's Name :……
3. Date of Birth :……
4. Blood Group :……
5. Permanent Address :……
   a) Village/ Town/ City: ……b) Police Station: …….....
   c) Post Office : …… d) District: …… e) Pin Code: ……
   f) Contact No: …….. g) State :…….
6. Present Address:
   a) Village/ Town/ City: ……. b) Police Station: …….....
   c) Post Office: ……... d) District: ……. e) Pin Code: ……
   f) Contact No: ……. g) State :…….....
7. Present Admission:
   a. B. A: Semester – I / II / III / IV / V / VI: University Roll No :……..
   b) Major Subject (For V and VI Sem Students): ……
8. Details of the last Examination (enclose the self-attested copy of mark sheet)
   a. Name of the Examination :……..Percentage: …….

Note: Attach marksheets of all lower-class examinations (For V Sem: I, II, III&IV M/sheets) (For III Sem: I&II M/sheets) (For I Sem: Cl XII)

Signature of Parent Signature of Student

DECLARATION

I Miss…… of B. A…….do hereby declare that-

a) At present neither I am employed nor shall I do service anywhere till availing hostel accommodation.

b) I promise to abide by the rules, regulation and instruction of the Principal / Hostel Superintendent.

c) The information furnished in this admission form are true to the best of my knowledge and in event of any information being found incorrect or misleading my admission to the hostel shall be liable for cancellation without any notice.

Place: signature:……

Date: Name:……

FOR OFFICE USE ONLY

Miss……. of B.A ……

Department of……is allotted seat No.....

in Room No……of the block……...

Hostel……

Hostel Warden