PUSHPAGIRI INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE, TIRUVALLA – 689 101, KERALA.

## ST. ANN'S LADIES HOSTEL

		APPLICATION FORM-2	2024	
1.	Name of Student	:		Photo
2.	Address & Phone Number (Permanent)	;		
3.	Date of Birth	:		
4.	Religion & Caste	:		
5.	Blood Group	:		
6.	Name of Parents	:		
7.	Address & Phone Number	:		
8.	Name of Local Guardian, If An	ny :		
9.	Address & Phone Number	:		
10.	Talents	: Acting	Music Others	
11.	Names of expected visitors and their relationship to the student			
12.	Diseases/Allergy, If Any	:		
13.	Dietary Requirement (Veg. / No	on Veg.):		
Signature of Student Signa		Signature of Guardian	Signatu	re of Vice Principal
Date	e:			