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

St. Pope John Paul II Men's Hostel.

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 Any : 9. Address & Phone Number : 10. Talents : Acting Music 11. Names of expected visitors and : 1) their relationship to the student 2) 3) 12. Diseases/Allergy, If Any : 13. Dietary Requirement (Veg. / Non Veg.):	APPLICATION FORM-2024						
2. Address & Phone Number (Permanent) 3. Date of Birth : : : : : : : : : : : : : : : : : : :	1.	Name of Student		:		Photo	
4. Religion & Caste : 5. Blood Group : 6. Name of Parents : 7. Address & Phone Number : 8. Name of Local Guardian, If Any : 9. Address & Phone Number : 10. Talents : Acting Music	2.			:			
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6. Name of Parents : 7. Address & Phone Number : 8. Name of Local Guardian, If Any : 9. Address & Phone Number : 10. Talents : Acting Music	4.	Religion & Caste		:			
7. Address & Phone Number : 8. Name of Local Guardian, If Any : 9. Address & Phone Number : 10. Talents : Acting Music : 11. Names of expected visitors and : their relationship to the student 2) 3) 12. Diseases/Allergy, If Any :	5.	Blood Group		:			
8. Name of Local Guardian, If Any : 9. Address & Phone Number : 10. Talents : Acting Music : : Athletics Others	6.	Name of Parents		:			
9. Address & Phone Number : 10. Talents : Acting Music : Athletics Others	7.	Address & Phone Number		:			
10. Talents : Acting	8.	Name of Local Guardian, If	f Any	:			
: Athletics Others	9.	Address & Phone Number		:			
: Athletics Others							
11. Names of expected visitors and: their relationship to the student 2) 3) 12. Diseases/Allergy, If Any :	10.	Talents		: Acting	Music		
their relationship to the student 2) 3) 12. Diseases/Allergy, If Any :				: Athletics	Others		
	11.			2)			
13. Dietary Requirement (Veg. / Non Veg.):	12.	Diseases/Allergy, If Any		:			
	13. Dietary Requirement (Veg. / Non Veg.):						
Signature of Student Signature of Guardian Signature of Vice Principal	Signature of Student Signature		of Guardian	Signature of Vice F	Principal		
Date:							