



**SMT. SITADEVI JAINARYAN JAJU MAHESHWARI HOSTEL  
A B MAHESHWARI EDUCATIONAL TRUST, INDORE**

Address : Ring Road, Musakhedi, Near Teen Imli Chauraha (Opp. Water Tank) Indore ( M.P.)

Ph.: +91-731-2403051 \*Mobile : 094258-55437 \* Email : sjmhostel@gmail.com

Affix  
Passport  
Size Photo  
and  
attach one  
for ID Card

**ADMISSION FORM  
(All in block letters)**

1. Name of Student
2. Father's Name
3. Father's Occupation/Profession \_\_\_\_\_
4. Permanent Address :   
  
  
State  Pin Code
5. STD Code and Phone No.   
Cell No. (Father/Guardian)   
Cell No. (Student)
6. Date of Birth DD MM Year  
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7. Blood Group \_\_\_\_\_
8. Driving Licence (If any) No. \_\_\_\_\_
9. If having own two wheeler vehicle, give details \_\_\_\_\_
10. If suffering from any chronic disease-details \_\_\_\_\_
11. If allergic to any medicine-Detail \_\_\_\_\_
12. Details of the Education -
  - (a) Name of the educational institute \_\_\_\_\_
  - (b) Education-Standard / Course \_\_\_\_\_
  - (c) If specilization-give details \_\_\_\_\_
  - (d) Duration of the Course-(no of years) \_\_\_\_\_

(Enclose the certified true copy of the marks-list of the last examination given and letter / receipt for new admission taken)
13. Achivements (if any) in Academics, sports etc. \_\_\_\_\_
14. Details of your past accommodation during study (Hostel/Flat) etc.  
\_\_\_\_\_  
\_\_\_\_\_
15. Local Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Tel.No. \_\_\_\_\_ Cell No. \_\_\_\_\_  
Relation (if any) \_\_\_\_\_
16. Recommended by \_\_\_\_\_

**Student's Signature**

## **Declaration by the Student, Father/Parents, Local Guardian**

We have read & understood all the Rules & Regulations of the Hostel. We accept and agree to abide by it. We further declare that the information given in the form is true & correct to the best of our knowledge.

Date : \_\_\_/\_\_\_/\_\_\_      Father/Parents      Local Guardian      Student  
Signature      Signature      Signature

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### **Details of Payment :**

Receipt No. \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Amount \_\_\_\_\_

Security Deposit Receipt No. \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Amount \_\_\_\_\_

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### **FOR OFFICE USE ONLY**

Admission Granted    Yes     No

**REMARKS IF ANY :**

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Recommended by the Indore Branch of CIRC of ICAI

Recommended by Hostel Incharge/Warden

(Signature)

(Signature)

Alloted Room No. \_\_\_\_\_

Registration No. \_\_\_\_\_

Date : \_\_\_/\_\_\_/\_\_\_

Approved by Chairman/Secretary

(Signature)