

पश्चिम रेल्वे WESTERN RAILWAY

जगजीवनराम अस्पताल, मुंबई सेंट्रल JAGJIVAN RAM HOSPITAL, MUMBAI CENTRAL

आवेदन पत्र

APPLICATION FORM FOR RESIDENT DOCTORS ACCOMODATION

नाम NAME:

पता ADDRESS:

ई मेल पता Email ID

मोबाइल फोन न. MOBILE NO : (Update whenever changed)

विभाग COURSE & DEPARTMENT:

दिनांक DATE प्रारम्भ JOINING: समाप्ती COMPLETION:

REQUIRED PAYMENTS MADE: YES / DUE Date of payment -

निर्देश INSTRUCTIONS:

1. Room allotment is for 1 year only, room may be **changed anytime depending on requirement of the administration.**
2. Resident doctor will not allow any other person to stay in their room/bed and will not interchange the accommodation without permission.
3. Resident doctor will not install any electric gadgets. Alteration of furniture, fixtures etc. provided by Hostel authorities is strictly prohibited.
4. If any Resident doctor is found staying without allotment letter for occupied room or over staying , rent with market value will be deducted from the stipend.
5. A room is allotted to a student on his/her personal responsibility. He/she must take care of the cleanliness and maintenance of his/her room. Smoking ,alcohol and Narcotic consumption is strictly prohibited in and around Hostel premises.
6. Males are not permitted in the rooms of Girl's Hostel at any time. The administration reserves the right to evict any Residents who do not comply.
7. Resident doctor is required to vacate the hostel immediately on the date of completion, even if tenure is extended. Resident doctor should collect NOC within 7 days of completion. Non vacation of the accommodation in time will attract penalties, such as non issuance of completion certificate and or recovery of rent. Room keys are to be handed over to care taker while taking 'no dues'.
8. A resident residing at any of the hostel under the purview of this institution is governed by the rules and regulations herein mentioned. Residents found breaking any Rules & Regulations, Terms & Conditions at any hostel(s) under the purview of this institute are liable for expulsion from the hostel / disciplinary action.

Kindly arrange to allot me eligible accommodation in House Surgeons Hostel with above mentioned details. I shall abide by the above mentioned rules.

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आवेदक का हस्ताक्षर Sign of House Surgeon

अग्रेषित Forwarded to Hostel Incharge

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विभागाध्यक्ष का हस्ताक्षर Sign of Head of the Department

FOR OFFICE USE ONLY

Allotted Flat No हॉस्टल न Room No कमरा न.; Waiting list No दिया

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हस्ताक्षर Sign of Hostel Comm Memb1 Hostel Comm Memb2 Hostel Comm Memb3
(Submit in 2 copies दो प्रति मे)