



Paste Photo  
(Passport Size face close up)

HEALTH SCIENCES CAMPUS, KOCHI

**HOSTEL ADMISSION FORM**

**M.Phil. in Clinical Psychology- 2023**

Roll Number: \_\_\_\_\_

Name in full: \_\_\_\_\_

Male/Female \_\_\_\_\_ Age & Date of Birth \_\_\_\_\_

Address for correspondence \_\_\_\_\_

Name & Occupation of Father \_\_\_\_\_

Tel No. (Off) \_\_\_\_\_ Residence \_\_\_\_\_

Mobile \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Name of visitors with address & telephone numbers:

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel No. \_\_\_\_\_

Tel No. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel No. \_\_\_\_\_

Tel No. \_\_\_\_\_

Hobbies \_\_\_\_\_

**Prizes**

\_\_\_\_\_

**Local Guardian (Name) :**

\_\_\_\_\_

**Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Telephone Res:**

\_\_\_\_\_

**Off.**

\_\_\_\_\_

**E-mail**

\_\_\_\_\_

**Mob:**

\_\_\_\_\_

**Fax**

\_\_\_\_\_

**Blood group of the student**

\_\_\_\_\_

**Joint Declaration by the Parent/Guardian and Student**

I, Mr./Mrs. \_\_\_\_\_ hereby undertake that my son/daughter/ward Mr./Ms, \_\_\_\_\_ will abide by rules and regulations of the hostel and will obey the Warden and the Senior Members of the Health Sciences Campus of Amrita Vishwa Vidyapeetham, Kochi. We have read the relevant instructions/regulations against ragging, as well as punishments, as stipulated in the rules and regulations, and that if my Ward is found to have involved or indulged in any act of ragging actively or passively the Principal, Amrita School of Medicine and or of the concerned school has the right to proceed against us and the decision of the Principal will be binding on us.

If at any time my Ward \_\_\_\_\_ is found to have violated the rules, regulations or instructions, the Principal School of Medicine / Chief Warden or the official duly authorized by the Principal may take appropriate disciplinary action as deemed fit. The Parents and the Ward in the presence of Principal/ Chief Warden jointly signed this agreement

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Signature of Parent/Guardian

Signature of Student

Date:.....

:.....