



MTI-GAJJU KHAN MEDICAL COLLEGE SWABI
(Khyber Pakhtunkhwa)

HOSTEL ACCOMMODATION FORM

Paste recent
Passport Size
Photograph
here

Student Personal Information

01 Name of Student: _____

02 Father/Guardian's Name: _____

03 Date of Birth Domicile : _____

04 Merit Score/Marks _____ Class No _____ Year 1st Year Session 2023-24

05 Permanent Home Address: _____

06 Emergency Address/
Phone No: _____

Student Signature _____ Father/ Guardian Signature _____
Cell No: _____ Cell No: _____

Note: Documents to be attached: Copy of CNIC (Student & Guardian), Hostel Admission Slip.

Use for the office of Student Affair Section

Certified that Mr./Miss: _____ S/D/O _____
Class No: _____ Hostel Admission Receipt No: _____ Amount _____ Dated: _____ is
a Student of 1st Year MBBS GKMC Swabi Session: 2023-24

INCHARGE
Student Affair Section

HOSTEL VISITOR LIST

Names of persons who are allowed to visit the student in the Hostel:

S.No	Name	CNIC	Contact No:
1.			
2.			
3.			
4.			
5.			

Use for the office of Provost

Availability of seat in Hostel with Room No: _____

WARDEN
BOYS/GIRLS HOSTEL
MTI-GKMC Swabi

PROVOST
BOYS/GIRLS HOSTEL
MTI-GKMC Swabi