

Form No: _____



ST. XAVIER'S COLLEGE UMOID

Via Mawkyrwat S W. Khasi Hills Dist., Meghalaya - 793 114

HOSTEL ADMISSION FORM

(WRITE IN CAPITAL LETTERS ONLY)

1. FIRST NAME	
2. MIDDLE NAME	3. SURNAME / TITLE / CLAN

PERSONAL DETAILS

4. Gender	5. Date of Birth	6. Marital Status	7. Blood Gp
Male Female	Date Month Year	Single Married	
8. Status	9. Mother tongue	10. Religion	11. Denomination (If Christian)
ST SC OBC Gen			
12. Cell Phone Number		13. Email Address	

FAMILY DETAILS

	Name	Occupation	Cellphone
14. Father			
15. Mother			
16. Siblings	Number of Brothers: _____ Number of Sisters: _____		
17. Home Address		18. Home Parish (for Catholics)	

17. LOCAL GUARDIAN'S DETAILS

Name and Address	Occupation	Cellphone/s	Relationship

18. HEALTH RECORD

Please indicate any serious health issues you have suffered from in the past and/or may persist today.

Year/s	Health Issue	Condition Today

19. ACADEMICS

Course presently studying at St. Xavier's College Umoid	Semester / Year

Name of Institution last attended	Place	Period of Study

UNDERTAKING

I have read the prospectus and promise to abide by the rules and regulations of the Women's Hostel. I declare that if any of the information provided above is untrue, I will forfeit my admission and any fees paid.

Date:

Signature of Applicant

Our student has read the prospectus of the Women's Hostel and promises she will abide by all the rules and regulations. If any of the information provided above is untrue, we will forfeit our student's admission and any fees paid.

Signature of Parent

Signature of Local Guardian
