



DADHICHI COLLEGE OF PHARMACY

At.: Vidya Vihar, Po.: Sundargarh, Dist: Cuttack, Odisha-754002,
(Approved by, P.C.I. New Delhi, Govt. of Odisha & Affiliated to OUHS, Odisha)
E-mail: principal@dcp.ac.in, website: www.dcp.ac.in

HOSTEL ADMISSION FORM

2024-2025

Photo

To,
The Hostel Warden

Sir,

I wish to apply for admission to the hostel from to.....

I am giving below the necessary information.

1. Name of the applicant (in Block Letter) : _____

2. Programme/Branch/Class/Semester : _____

3. Father's Name : _____

4. Mother's Name : _____

5. Date of Birth : _____ 5. Blood Group : _____

6. Allergy to any Medicine if Yes, Please mention : _____

7. Email ID : _____ 8. Mobile No. : _____

9. Address of Correspondence (in Block Letter) : _____

_____ Phone No. : _____

10. Permanent Address : _____

_____ Phone No. : _____

11. Name and Address of Local Guardian : _____

_____ Phone No. : _____

12. Occupation/Designation of :

Father:_____ Mother: _____

Local Guardian: _____

13 Name of the relatives/visitor (Other then Parents/Local Guardian) with address and Phone No.

i)

ii)

iii)

14. Whether he/she will travel alone or with the Parents/Local Guardian at the time of Holiday/of the Institute.

15. In case of emergency, we can contact Mr./Ms./Mrs _____

at Residence Phone _____ Office No. _____

Relationship with you _____.

16. Payment Details (NEFT/ Google Pay) Amount paid in ₹.....

Transaction ID...../Date.....

Self-Disclosure

I certify that the information above given by me is true to the best of my knowledge and belief.

Signature of the Student

Signature of the Father/Mother

Signature of the Local Guardian

For Official Use Only

Date of Admission in Hostel: _____ Room Allotted: _____

Signature of Office Assistant

Signature of the Hostel Superintendent

Signature of the Hostel Warden