

Date____

Sanjay Gandhi Post Graduate Institute of Medical Sciences Raebareli Road, Lucknow-226014

Phone no. 0522-2668004-008,700,800,900 Fax No.0522-2668017, 2668129,2668218

Application for First	time Hostel Allotmo	<u>ent</u>	
То,			Photo
The provost			1 11010
SGPGIMS, Lucknow.	MOBILE No	 	
Dear Sir, Please enter my name : as per rules. My particu	for the allotment of hos	tel so that I can be consider	ed for the same
1. Name		Sex	
2. Department /College			
•		ervice SR / MD / JR-NA /	PhD / Research —
Point 4 - 9 : Need not t	o be filled by CMT / CO	ON students	
4. Duration of working	· · · · · · · · · · · · · · · · · · ·		
5. Whether married or	not - (Yes/No)		
6. Is your spouse also	working at SGPGI in sam	ne capacity - (Yes/No)	
7. If yes, name, design	•		
(with 8. Status of kid(s) - (Y	complete details and sup es/No)	oporting papers)	
9. Proof of marriage			
(with letter of authorize	ntion) will be present du	s of allotment and either I or ring the allotment, without w g copies of required testimon	vhich my
Date of application	:	signature	
<u>CERTIFICA</u>	TTE FROM HOD / PI /	NODAL OFFICER / PRINCIP	LE
	oursuing	since	in our
department/ collage.			
He / She ismarried	/ Unmarried to the	best of my knowledge.	

Signature with seal of Forwarding Authority



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Application for Hostel / Room Change

To,			
The provost	Present Accommodo	ntion	Photo
SGPGIMS, Lucknow.	MOBILE No		
	E-mail :		
Dear Sir,			
Please enter my name f	for the allotment of ho	stel so that I can be considered for	the same
as per rules. My particul	lars for this purpose a	re given below:	
1. Name		Sex	
2. Department /College			
•		Service SR / MD / JR-NA / PhD /	Research
associate / MSc. / B.Sc	. / MHA / Others		
4. Are you member of a	ny Hostel sub-committ	ee	
5			
Point 5 - 10 : Need not	to be filled by CMT /	CON students	
F 5 6 1.			
5. Duration of working	at 56961M5	(months)	
/ NA/le adde and manufactured and	() (/) (-)	7 C+++ f V: d- 0/ / N-)	
b. Whether married or	not - (Yes/No)	7. Status of Kids (Yes / No)	
8. Is your spouse also v	working at SGPGI in sa	me capacity - (Yes/No)	
		, , ,	
9. If yes, name, designa	ation, department		
(with	complete details and si	upporting papers)	
10. Proof of marriage	ž		
I hereby declare that	I will abide by the rul	es of allotment and either I or my	nominee
(with letter of authoriza	ition) will be present d	uring the allotment, without which ı	my
application will not be co	nsidered. I am enclosi	ng copies of required testimonials.	
Date of application		signature	
455 4			
CERTIFICA	TE FROM HOD / PI /	NODAL OFFICER / PRINCIPLE	
T. banalan anatha abaa			
	ursuing	since	in our
department/ collage. He / She ismarried	/ I Immorphised to the	heat of my knowledge	
me / She ismarried	/ Onmarried 10 The	e best of my knowledge.	
Date		Signature with seal of Forwarding	Authority
Jule		Signature with seal of Forwarding	Authority
Choice of Rooms:			