

**MAITREYI COLLEGE
MAITREYI COLLEGE GIRLS HOSTEL**

Name of Hostel Resident _____

Course _____ year _____

College Roll No. _____ Allotted Room No. _____

MEDICAL RECORD OF THE STUDENT

Blood Group: _____ Known allergies: _____

Do you suffer from any chronic ailment? Yes/ No

If yes, give details: _____

Any Specific Medication required: _____

Details of the person to be contacted in case of emergency:

Name: _____

Address: _____

Contact Tel. No. _____

Mobile: _____

Any other detail you would like to furnish: _____

Certified that the candidate is medically fit to stay in the hostel: Yes/ NO

.....

Signature of the Doctor
(With official Seal)

.....

(Name and Registration No.)

Signature of the candidate

Signature of parent

Note: Residents can submit this form on the day of checking-in the Hostel.