

DECLARATION: BY STUDENT & PARENTS **HOSTEL FACILITY (If applied/allotted)**

I, _____ is admitted for _____ course in the academic year _____ at Grant Government Medical College, Mumbai.

I and my parents/Legal guardian have gone through the SOP for hostel accommodation given in the admission manual at the time of Joining. We have clearly understood all rules and regulations mentioned in SOP.

I hereby declare that I am suffering from _____ disease(s) and on treatment. I am receiving following _____ drugs for my disease element since _____ days/Months/Years. I also declare that I am not hiding any information related to my health issues.

We, hereby undertake and declare that, if hostel accommodation is allotted, I will abide with all the rules and regulation mentioned in the SOP. If I break any rule mentioned thereof in the SOP, I will be liable for appropriate action.

Signature of Student with Date

Name of the Student _____

Full Address with Pincode : _____

Mobile No. _____

Email Address : _____

Signature of Parents / Legal Guardian with Date

Name of Parents / Legal Guardian _____

Full Address with Pincode : _____

Mobile No. _____

Email Address : _____