



AMRITA
VISHWA VIDYAPEETHAM

AMRITA HEALTH SCIENCES CAMPUS, KOCHI

H O S T E L A D M I S S I O N F O R M

BDS - 2025

**Paste
Photo**

(Passport Size face close
up)

Roll Number: _____

Name: _____

Male/Female _____

Age & Date of Birth (DD/MM/YY) _____

Address for correspondence _____

Name & Occupation of father _____

Tel No. (Off) _____ Residence _____

Mobile _____

Fax _____ e-mail _____

Name of visitors with address & telephone numbers:

1. _____ 2. _____

Tel No. _____ Tel No. _____

3. _____ 4. _____

Tel No. _____ Tel No. _____

Hobbies _____

Prizes _____

Local Guardian (Name): _____

Address: _____

Telephone Res: _____ Off: _____

E-mail _____ Mob: _____

Fax _____ Blood group of the student _____



Joint Declaration by the Parent/Guardian and Student

I, Mr./Mrs. _____ hereby undertake that my son/daughter Mr./Ms., _____ will abide by rules and regulations of the hostel and will obey the Warden and the Senior Members of the Health Sciences Campus of Amrita Vishwa Vidyapeetham, Kochi. We have read the relevant instructions/regulations against ragging, as well as punishments, as stipulated in the rules and regulations, and that if my Ward is found to have involved or indulged in any act of ragging, actively or passively, the **Principal, Amrita School of Dentistry and or concerned school Official has the right to proceed against us and the decision of the Principal will be final and binding on us.**

If at any time my Ward Mr./Ms. _____ is found to have violated the rules, regulations or instructions, the Principal, Amrita School of Medicine/Chief Warden or the official duly authorized by the Principal may take appropriate disciplinary action as deemed fit.

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Signature of Parent/Guardian

Date.....

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Signature of Student

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