MediCiti Institute of Medical Sciences

CIRCULAR

25/09/2026

Parents of students requiring Hostel Facility are hereby informed that they should submit a duly filled in Hostel Accommodation Application Form. The Application form can be downloaded from the college website:www.mims.edu.in. After filling the Application form a scanned copy of the same has to be emailed to the following email address : hostel2026@mims.edu.in on or before 03/10/2026. The list of hostel allotments will be displayed on the College website (www.mims.edu.in) on 05/10/2026.

Classes for 1st MBBS batch of 2026-27 will commence from 7th October 2026.

VICE PRINCIPAL

PRINCIPAL

MEDICITI INSTITUTE OF MEDICAL SCIENCES

To,
The Principal
MIMS

I request you to kindly provide accommodation for me in Boys / Girls Hostel.

I shall abide by the Rules & Regulation of the College Hostel. The personal details are given below :

S.No.	Particulars	
1.	Name of the Student	_____
2.	Father's Name	_____
3.	Date of Birth _____	Male / Female _____
4.	MBBS / PG _____	Batch _____
5.	Reg. No. _____	Semester _____
6.	Address for Correspondence	_____ _____ _____
7.	Permanent Address	_____ _____ _____
8.	Cell No. (Student) _____	Cell No. (Parent) _____
9.	Email ID of Parent	_____
10.	Emergency Contact No.	_____
11.	Name of the Local Guardian (if any) if yes telephone no. with address	_____

I undertake to pay all dues for the use of Hostel/ Mess from time to time.

.....
Signature of the Student
(Name of the student)

.....
Signature of the Parent / Guardian
Name of the Parent/ Guardia

DECLARATION BY THE STUDENT

I, ..., have read the Rules & Regulation for my admission into accommodation facilities of MIMS.

I agree not to indulge in groupism of any type and would live in harmony with others in the hostel.

I understand that smoking and consumption of alcohol and other objectionable material in the hostels is strictly prohibited I will abstain from such acts.

I declare that indulgence in any anti-institutional or anti-social activity in the hostel is highly punishable and I will be liable for severe penalties and punishments for indulging in such acts.

I declare that I am physically and medically fit to stay in the hostel. I also declare that every information about my being medically/ psychologically unfit in any degree or manner has been bought to the information of the college authorities at the time of applying for hostel accommodation. I will not hold the management, college authorities, or the hostel authorities responsible for any consequence which will be result of my non-disclosure.

I undertake to conduct myself as a diligent student within the hostel and in the vicinity and not misbehave in any manner including using inappropriate language, physical tiffs and thoughts with the other inmates/ employees/ and others in the hostel's neighbourhood.

I agree not to cook, not to use electronic gadgets, not to wash and press clothes in the hostel rooms.

I will not cause any damage whatsoever, including defacing to the property of the hostels and understand that I will be liable for penalties and punishments for doing so.

I accept to stay within the hostel premises by the stipulated time and will not stay out without proper prior permission from concerned authorities.

I undertake to abide by all the rules that govern my stay in the hostel and also all the changes to the rules that may be made from time to time. .

I will not damage any furniture or appearance of room and will agree to pay the damages if done so.

Finally, I agree to abide by all the rules and regulations of the institution with regard to hostel stay, which may be framed from time to time and accept the decision of the management in all respects as binding on me for compliance.

Place Signature of Student Signature of Parent / Guardian
Date

FOR OFFICE USE ONLY

Name of the student ..... Room no..... room-mates name .....

Batch yr ..... room handed over with the following furniture.....

admitted to hostel on..... Amount paid ..... receipt no.....

Place
Date Signature of Accommodation Manager