



PUSHPAGIRI

We care God cures

**PUSHPAGIRI INSTITUTE OF MEDICAL SCIENCES &
RESEARCH CENTRE, TIRUVALLA – 689 101, KERALA.**

ST. ANN'S LADIES HOSTEL

APPLICATION FORM-2025

Photo

1. Name of Student :
2. Address & Phone Number
a. Communication Address :

b. Permanent Address :
3. Date of Birth :
4. Religion & Caste :
5. Blood Group :
6. Name of Parents (Father):(Mother):.....
7. Address & Phone Number :
8. Name of Local Guardian, If Any :
9. Address & Phone Number :
10. Talents : Acting Music
: Athletics Others
11. Names of expected visitors and their relationship to the student : 1)
2)
3)
12. Diseases/Allergy, If Any :
13. Dietary Requirement (Veg. / Non Veg.):

Signature of Student

Signature of Guardian

Signature of Vice Principal

Date: