



OFFICE OF THE PRINCIPAL & SECRETARY

লোকনায়ক অমিয় কুমাৰ দাস মহাবিদ্যালয় LOKANAYAK OMEO KUMAR DAS COLLEGE

Accredited by NAAC (Second cycle) B+

Dr. Sukdev Adhikari
Principal
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Ref. No.- LOKDC/

Date:

NOTICE

Regarding Admission of Puspallata Das Girls' Hostel

16-07-2025

Interested students (Girl) are hereby asked to submit the **prescribed application form (attached herewith) on or before 30th July, 2025** for hostel.

N.B.- Seat limited.

Documents to be attached along with the **prescribed application form-**

1. Copy of Admission receipt,
2. Aadhaar Card / Voter ID (any one),
3. Copy of the front page of Bank A/c passbook.


(Dr. Sukdev Adhikari)
Principal

LOKD College, Dhekiajuli
Principal
LOKD College, Dhekiajuli
Sonitpur : Assam



LOKANAYAK OMEO KUMAR DAS COLLEGE, DHEKIAJULI

APPLICATION FOR HOSTEL ADMISSION

Admitted,
Block Room No.
..... Hostel.
LOKD College
Date
Superintendent

Passport size
Photograph

1. Student's name in full (in block letters)
2. Class (Arts/Science) Roll No. Major in
3. (a) Last Board/Council/University Examination passed
Division Total marks/credit point
- (b) Date of admission in the college
4. Father's / Legal Guardian's name (in full)
- (a) Occupation Tel. No. (if any)
- (b) Address (i) Vill / Town (ii) Post Office
(with pin-code)
(iii) Police Station (iv) District
(v) State
- (c) Relationship with legal Guardian
- (d) Student's Email ID
5. Local Guardian's name (in full)
- (a) Occupation
- (b) Address (i) Town (ii) Ward No.
(iii) Road's Name (iv) Post Office
(v) Telephone No.
- (c) Relationship with local Guardian
6. Religion, caste or creed
7. Blood Group
8. In case of old boarder where resided last session
9. Any special qualification e.g. Co-curricular activities

The above information as given by me are correct to the best of my knowledge and belief.

If any misrepresentation of fact is detected I shall be liable for any punishment.

Date

Full Signature of the applicant

I agree to remain as the Local Guardian of Shri/Smti
..... and also assure to intimate the Superintendent immediately
if there is any change of my address.

Date

Full Signature of Local Guardian
in presence of the Hostel Superintendent