



MAHATMA GANDHI MISSION

MAHATMA GANDHI MISSION'S HOSTEL

N-6, CIDCO, AURANGABAD - 431 003 | Tel. : 0240-6482000, Ext. No. 3040, 3041

Email : mgm.hostel@rediffmail.com

Ganga H.O.
3 seater
common

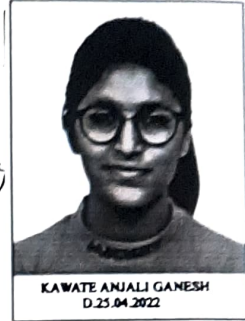
Room No. 11

APPLICATION FOR HOSTEL ADMISSION (2022-2023)

FORM NO. 55

APPLICANTS DETAILS:

Surname : Kawade
Name : Anjali
Father's Name : Ganesh
Class & College : B. ~~PhD~~ 1st year B.Sc Optometry
Blood Group : +O
Birth Date : 16-Nov-2008

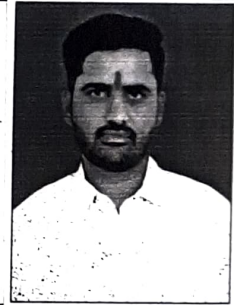


KAWATE ANJALI GANESH
D.25.04.2022

History of any medical illness - Past / Present
(Please fill Medical Record of the Resident form)

PARENTS DETAILS:

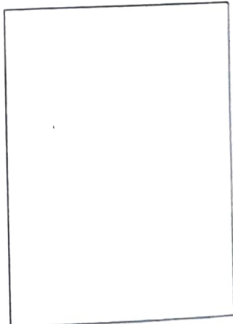
Name : Kawade Ganesh dashrath
Address : Jamkhed Tal - Jamkhed
dist. A. Nagar.
Pin Code : 413201



Phone (Resi.) : 9421585773 Mob. No. 9421585773
Mobile No. 9657491823 Email id : _____

LOCAL GUARDIAN / HEAD OF INSTITUTE:

L Name : Anol Hanuman Arsul
Address : Gut No. 9, Plot No. 9
wadgaon Kol Bajajinagar
Aurangabad, Pin Code : 431186
Phone (Resi.) : _____
Mobile No. : 8208987502
Fax No. : _____





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N-6, CIDCO, AURANGABAD - 431 003 | Tel. : 0240-6482000, Ext. No. 3040, 3041
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Geega - Host-
Basantal Co.
(321)

APPLICATION FOR HOSTEL ADMISSION (2022-2022)

FORM NO. 13

APPLICANTS DETAILS :

Surname : Jadhav
Name : Aishwarya
Father's Name : Balbhim
Class & College : MGM Institute of Biomedical
Blood Group : A+ Bsc Radiology
Birth Date : 02-02-2004



History of any medical illness - Past / Present
(Please fill Medical Record of the Resident form)

PARENTS DETAILS :

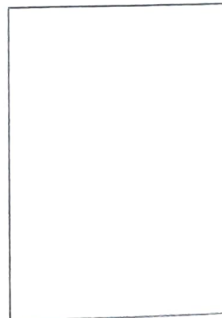
Name : Jadhav Balbhim Shivaji
Address : At Post Bansarala
Ta. Kaij dist. Beed
Pin Code : 431518



Phone (Resi.) : _____ Mob. No. 9823715800
Mobile No. 9561122717 Email id : hclhavkb97@gmail.com

LOCAL GUARDIAN / HEAD OF INSTITUTE :

L Name : Vijay Vasant Jadhav
Address : Nandanvan Colony,
Aurangabad
Pin Code : _____
Phone (Resi.) : _____
Mobile No. : 9404234193
Fax No. : _____





Cetanga - Hos
B. Sc. 100
C324

MAHATMA GANDHI MISSION'S HOSTEL

N-6, CIDCO, AURANGABAD - 431 003 | Tel. : 0240-6482000, Ext. No. 3040, 3041
Email : mgm.hostel@rediffmail.com

APPLICATION FOR HOSTEL ADMISSION (2022 -2023)

FORM NO. 12

APPLICANTS DETAILS:

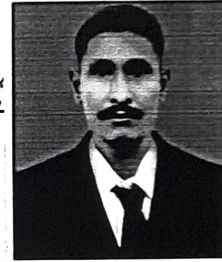
Surname : Ghorpade
Name : Amruta
Father's Name : Umakant
Class & College : MIGM Institute of health Science
Blood Group : A positive (A+)
Birth Date : 25/02/2002



History of any medical illness - Past / Present
(Please fill Medical Record of the Resident form)

PARENTS DETAILS:

Name : Sanjeevani Ghorpade, Umakant N. Ghorpade
Address : Dnyaneshwar nagar, near
Fortune tower ambajogai,
beed Pin Code : 431517

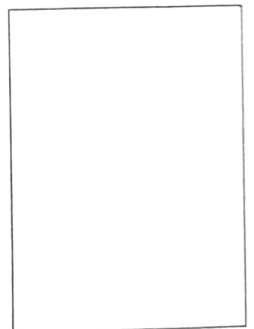


Phone (Resi.) : - Mob. No. 9284443959
Mobile No. 7972611846 Email id : _____

LOCAL GUARDIAN / HEAD OF INSTITUTE:

L. Name : Vijay vasant Jadhav
Address : Nandanvan colony,
Aurangabad
Pin Code : _____

Phone (Resi.) : _____
Mobile No. : 9404234193
Fax No. : _____



Aurangabad - Hos.

35 center CO

228



MAHATMA GANDHI MISSION

MAHATMA GANDHI MISSION'S HOSTEL

N-6, CIDCO, AURANGABAD - 431 003 Tel. : 0240-6601100, Ext. No. 355, 356

Email : mgm.hostel@rediffmail.com

APPLICATION FOR HOSTEL ADMISSION (2020-2021)

FORM NO.

084

APPLICANTS DETAILS:

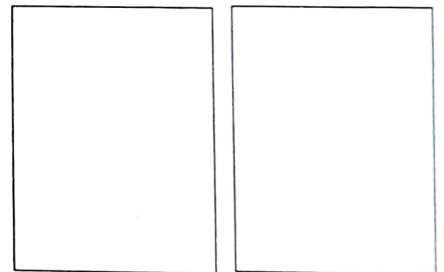
Surname : Tayade
Name : Ankita
Father's Name : Ishwar
Class & Institution: 1st year
Course / Faculty : B. sci in OT & AT
Blood Group : A⁺
Birth Date : 05-07-2002



History of any medical illness - Past / Present
(Please fill Medical Record of the Resident form)

PARENTS DETAILS:

Name : Ishwar
Fathers/Mothers Name : Kashinath
Address : At. Golwade Tal. Ravar
Dist. Jalgaon
Pin Code : 425507
Phone (Resi.) : _____ (Off.) _____



Mobile No. 9545959589 Email id : ishvartayade9@gmail.com

LOCAL GUARDIAN / HEAD OF INSTITUTE:

L. Name : Santosh Tayade
Address : R.N-69, N-9 Shri Krishna
Nagar, TV Center, Aurangabad
Pin Code : 431003
Phone (Resi.) : _____
Mobile No. : 8698373288
Fax No. : _____



Local Guardian : Santosh Tayade

Ganga Hos
3seater Corr



MAHATMA GANDHI MISSION'S HOSTEL

N-6, CIDCO, AURANGABAD - 431 003 Tel. : 0240-6601100, Ext. No. 355, 356
Email : mgm.hostel@rediffmail.com

APPLICATION FOR HOSTEL ADMISSION (2013 -2020)

FORM NO. 321

APPLICANTS DETAILS:

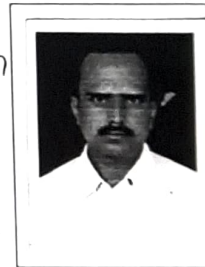
Surname : chavan
Name : Anutadha
Father's Name : Baputao
Class & Institution : MGM Paramedical
Course / Faculty : B.SC perfusion technology
Blood Group : _____
Birth Date : 07/07/2001



History of any medical illness - Past / Present
(Please fill Medical Record of the Resident form)

PARENTS DETAILS:

Father's Name : Baputao sadashivtao chavan
Mother's Name : Vrnila Baputao chavan
Address : New modha Basmath
Pin Code : 431512
Phone (Resi.) : _____ (Off.) _____
Mobile No. 8999182791 Email id : _____



LOCAL GUARDIAN / HEAD OF INSTITUTE :

1. Name : _____
Address : _____
Pin Code : _____
Phone (Resi.) : _____
Mobile No. : _____
Fax No. : _____



Remarks from parent/ Local Guardian :

Ganga Hostel
2 seater
Comm.



MAHATMA GANDHI MISSION

MAHATMA GANDHI MISSION'S HOSTEL

N-6, CIDCO, AURANGABAD - 431 003 Tel. : 0240-6601100, Ext. No. 355, 356
Email : mgm.hostel@rediffmail.com

APPLICATION FOR HOSTEL ADMISSION (2020-2021)

FORM NO.

091

APPLICANTS DETAILS:

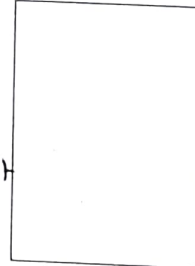
Surname : SHARMA
Name : KASHISH
Father's Name : BRAJ KISHORE
Class & Institution: _____
Course / Faculty : BACHELOR OF SCI (Medical Radiology & Imaging Tech)
Blood Group : _____
Birth Date : 28-07-2000



History of any medical illness - Past / Present
(Please fill Medical Record of the Resident form)

PARENTS' DETAILS:

Name : BRAJ KISHORE
Fathers/Mothers Name : PUSHPA SHARMA
Address : JAIN TEMPLE ROAD, PARLE
AGENCY, OPP. SITLA MANDIR, MARWAR
PATTI DIMAPUR Pin Code : 797112
Phone (Resi.) : 7005111422 (Off.)
Mobile No. 9863207052 Email id : _____



LOCAL GUARDIAN / HEAD OF INSTITUTE:

1. Name : BHARAT UTTAMRAO SONWANE
Address : H.NO-38, HONAJI NAGAR BEHIND
HARSUL JAIL, JATWADA ROAD
AURANGABAD Pin Code : 43001
Phone (Resi.) : _____
Mobile No. : 9552525335
Fax No. : _____





MAHATMA GANDHI MISSION

Cranganur
3500

MAHATMA GANDHI MISSION'S HOSTEL
N-6, CIDCO, AURANGABAD - 431 003 Tel. : 0240-6601100, Ext. No. 355, 356
Email : mgm.hostel@rediffmail.com

APPLICATION FOR HOSTEL ADMISSION (2020-2021)

FORM NO. **01**

APPLICANTS DETAILS:

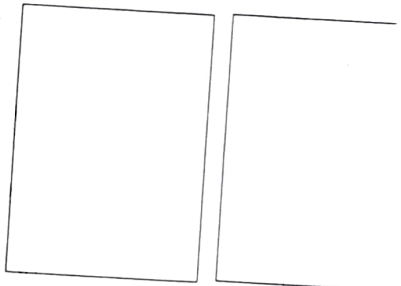
Surname : Devre
Name : Komal
Father's Name : Narahari
Class & Institution: 2nd year
Course / Faculty : Paramedical - (optometry)
Blood Group : -
Birth Date : 17-06-2000



History of any medical illness - Past / Present
(Please fill Medical Record of the Resident form)

PARENTS DETAILS:

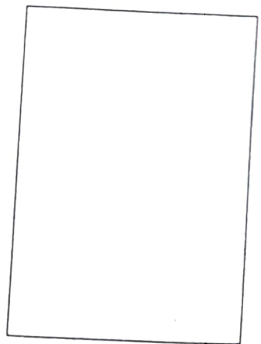
Name : Narahari Komal.N.Devre
Father's Mothers Name : Narahari V. Devre
Address : Nilabai.N. Devre
Thorawa dist Hingoli
Ta. Basmath, Pin Code : _____
Phone (Resi.) : _____ (Off.) _____



Mobile No. 9623283955 Email id : komal devre 17@ gma
7020259437

LOCAL GUARDIAN / HEAD OF INSTITUTE:

L Name : _____
Address : _____
_____ Pin Code : _____
Phone (Resi.) : _____
Mobile No. : _____
Fax No. : _____



Remarks from parent / Local Guardian :

181

Cranga - Hostel
3 seater room
16



MAHATMA GANDHI MISSION'S HOSTEL

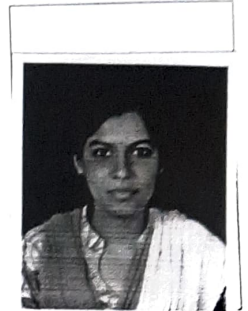
N-6, CIDCO, AURANGABAD - 431 003 Tel. : 0240-6601100, Ext. No. 355, 356
Email : mgm.hostel@rediffmail.com

APPLICATION FOR HOSTEL ADMISSION (2020-2021)

FORM NO. 040

APPLICANTS DETAILS:

Surname : Jamdhade
Name : Megha Ram
Father's Name : Ramkishan
Class & Institution: MGM (Medical) college
Course / Faculty : Paramedical
Blood Group : -
Birth Date : 04/01/04/2001



History of any medical illness - Past / Present
(Please fill Medical Record of the Resident form)

PARENTS DETAILS:

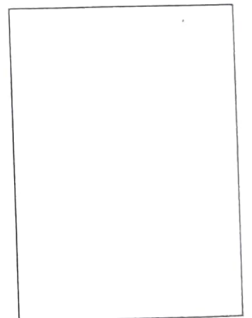
Name : Ramkishan Jamdhade
Fathers/Mothers Name : Tukaram
Address : Balaji Nagar, Basmath
dist :- Hingoli
Pin Code : 431512



Phone (Resi.) : 9850314894 (Off.)
Mobile No. 9765475188 Email id :

LOCAL GUARDIAN / HEAD OF INSTITUTE:

1. Name : _____
Address : _____
Pin Code : _____
Phone (Resi.) : _____
Mobile No. : _____
Fax No. : _____



182

Cranga - Hostel
3 seated common

225



MAHATMA GANDHI MISSION'S HOSTEL
N-6, CIDCO, AURANGABAD - 431 003 Tel. : 0240-6601100, Ext. No. 355, 358
Email : mgm.hostel@rediffmail.com

APPLICATION FOR HOSTEL ADMISSION (2020-2021)

FORM NO. **083**

APPLICANTS DETAILS:

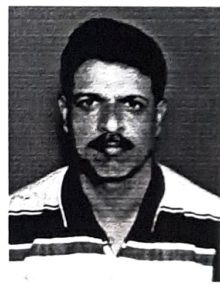
Surname : HARDIKAR
Name : MRUNAL
Father's Name : SANJAY
Class & Institution: _____
Course / Faculty : OPERATION THEATRE AND ANESTHESIA TECH.
Blood Group : O+
Birth Date : 16 MAY 2001



History of any medical illness - Past / Present
(Please fill Medical Record of the Resident form)

PARENTS DETAILS:

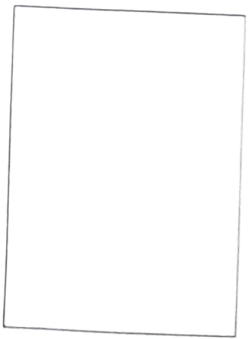
Name : SANJAY
Fathers/Mothers Name : ANANT
Address : KALYANI SOCIETY BALAJI NAKA
ALIBAG - RAIGAD.
Pin Code : 402201



Phone (Resi.) : 9029408351 (Off.) _____
Mobile No. 9764677013 Email id : shatakahardikar1395@gmail.com

LOCAL GUARDIAN / HEAD OF INSTITUTE:

1. Name : _____
Address : _____
_____ Pin Code : _____
Phone (Resi.) : _____
Mobile No. : _____
Fax No. : _____



2023

Ganga - Hostel
Bscater Corner



MAHATMA GANDHI MISSION

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Email : mgm.hostel@rediffmail.com

5

APPLICATION FOR HOSTEL ADMISSION (2022-2023)

FORM NO. 183

APPLICANTS DETAILS :

Surname : Bhandarkar
 Name : Pradnya
 Father's Name : Chandrashekhar
 Class & College : IInd yr. MGIM
 Blood Group : A+ve
 Birth Date : 24/05/2002

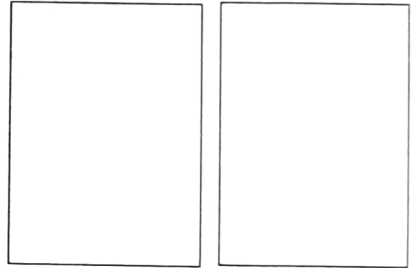


History of any medical illness - Past / Present
 (Please fill Medical Record of the Resident form)

PARENTS DETAILS :

Name : Chandrashekhar
 Address : Khadolajin, Amalner

 Pin Code : 425-401



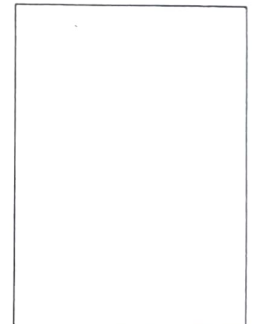
Phone (Resi.) : _____ Mob. No. _____

Mobile No. 9420532516 Email id : chandrashekhar.gb@gmail.com

LOCAL GUARDIAN / HEAD OF INSTITUTE :

1. Name : _____
 Address : _____

 Pin Code : _____
 Phone (Resi.) : _____
 Mobile No. : _____
 Fax No. : _____



184

Geega-Hostel
(2) Seater



MAHATMA GANDHI MISSION

MAHATMA GANDHI MISSION'S HOSTEL

N-6, CIDCO, AURANGABAD - 431 003 Tel. : 0240-6601100, Ext. No. 355, 356
Email : mgm.hostel@rediffmail.com

APPLICATION FOR HOSTEL ADMISSION (2020-2021)

FORM NO. 081

APPLICANTS DETAILS:

Surname : DAMALE
Name : PRATIKSHA
Father's Name : RAMDAS
Class & Institution: _____
Course / Faculty : BSC MLT
Blood Group : A+
Birth Date : 13/08/2000



History of any medical illness - Past / Present
(Please fill Medical Record of the Resident form)

PARENTS DETAILS:

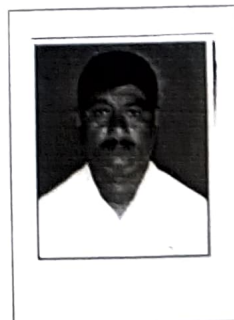
Name : DAMALE RAMDAS KASHINATH
Fathers/Mothers Name : DAMALE VIJAYA RAMDAS
Address : GHARMANE APPARTMENT, FLAT NO.2
LIC COLONY, LATUR
Pin Code : 413512



Phone (Resi.) : _____ (Off.) _____
Mobile No. ~~9651649805~~ 620569729 Email id : Damaleramdas 228 @

LOCAL GUARDIAN / HEAD OF INSTITUTE:

1. Name : KHEDKAR ABHIMAN NAMDEV
Address : KOTWALPURA, KHADKESHWAR,
AURANGABAD
Pin Code : 431001
Phone (Resi.) : _____
Mobile No. : 9403545031
Fax No. : _____



Ganga Hostel
3 seater Gm



MAHATMA GANDHI MISSION'S HOSTEL

N-6, CIDCO, AURANGABAD - 431 003 Tel. : 0240-6601100, Ext. No. 355, 356

Email : mgm.hostel@rediffmail.com

APPLICATION FOR HOSTEL ADMISSION (2021-2022)

FORM NO.

090

APPLICANTS DETAILS :

Surname : Kuemi
 Name : Sabuni
 Father's Name : Mukesh
 Class & Institution: 1st year
 Course / Faculty : Bsc Optometry
 Blood Group : B+
 Birth Date : 28-09-2002

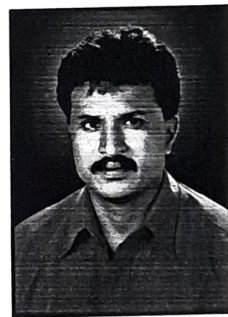


1.11.20-77

History of any medical illness - Past / Present
(Please fill Medical Record of the Resident form)

PARENTS DETAILS :

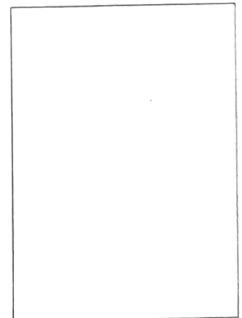
Name : Mukesh Hirasing Kuemi
 Fathers/Mothers Name : Laxmi Hirasing Kurn
 Address : Jetwan Nagax Khadan
Akola.
7887722311 Pin Code : 444004
 Phone (Resi.) : 9850696584 (Off.)
 Mobile No. 9850696584 Email id :



LOCAL GUARDIAN / HEAD OF INSTITUTE :

1. Name : _____
 Address : _____

 _____ Pin Code : _____
 Phone (Resi.) : _____
 Mobile No. : _____
 Fax No. : _____





MAHATMA GANDHI MISSION

MAHATMA GANDHI MISSION'S HOSTEL

N-6, CIDCO, AURANGABAD - 431 003 | Tel. : 0240-6482000, Ext. No. 3040, 3041

Email : mgm.hostel@rediffmail.com

APPLICATION FOR HOSTEL ADMISSION (2022-2023)

FORM NO. 184

APPLICANTS DETAILS:

Surname : SAWANT
Name : SAKSHI
Father's Name : GOPAL
Class & College : IInd year MGM SBS
Blood Group : B⁺
Birth Date : 02-09-2003



History of any medical illness - Past / Present
(Please fill Medical Record of the Resident form)

PARENTS DETAILS:

Name : GOPAL SAWANT
Address : MATOSHRI VIHAR NAGAR
PARBHANI
Pin Code : 431401



Phone (Resi.) : _____ Mob. No. 9673785359
Mobile No. _____ Email id : _____

LOCAL GUARDIAN / HEAD OF INSTITUTE:

1. Name : _____
Address : _____
_____ Pin Code : _____
Phone (Resi.) : _____
Mobile No. : _____
Fax No. : _____





MAHATMA GANDHI MISSION

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N-6, CIDCO, AURANGABAD - 431 003 | Tel. : 0240-6482000, Ext. No. 3040, 3041

Email : mgm.hostel@rediffmail.com

Ganga H.O.
3 seater
common

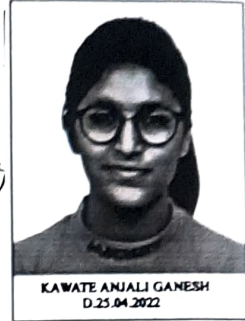
Room No. 11

APPLICATION FOR HOSTEL ADMISSION (2022-2023)

FORM NO. 55

APPLICANTS DETAILS:

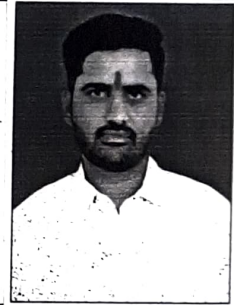
Surname : Kawade
Name : Anjali
Father's Name : Ganesh
Class & College : B. ~~PhD~~ 1st year B.Sc Optometry
Blood Group : +O
Birth Date : 16-Nov-2008



History of any medical illness - Past / Present
(Please fill Medical Record of the Resident form)

PARENTS DETAILS:

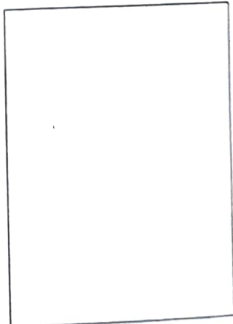
Name : Kawade Ganesh dashrath
Address : Jamkhed Tal - Jamkhed
dist. A. Nagar.
Pin Code : 413201



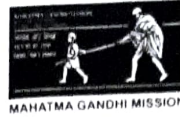
Phone (Resi.) : 9421585773 Mob. No. 9421585773
Mobile No. 9657491823 Email id : _____

LOCAL GUARDIAN / HEAD OF INSTITUTE:

L Name : Anol Hanuman Arsul
Address : Gut No. 9, Plot No. 9
wadgaon Kol Bajajinagar
Aurangabad. Pin Code : 431186
Phone (Resi.) : _____
Mobile No. : 8208982502
Fax No. : _____



Ganga HOS
3 seater
R.No. 226



MAHATMA GANDHI MISSION'S HOSTEL

N-6, CIDCO, AURANGABAD - 431 003 Tel. : 0240-6601100, Ext. No. 355, 356
Email : mgm.hostel@rediffmail.com

APPLICATION FOR HOSTEL ADMISSION (2020 -2021)

FORM NO. 051

178

APPLICANTS DETAILS:

Surname : Shaikh
Name : Firdous
Father's Name : Shaikh Saleem Ahmed
Class & Institution: MGM Medical College
Course / Faculty : B.Sc Cardiac Care Technology
Blood Group : O⁺
Birth Date : 12 / Nov / 2001



History of any medical illness - Past / Present
(Please fill Medical Record of the Resident form)

PARENTS DETAILS:

Name : Shaikh Saleem Ahmed
Fathers/Mothers Name : Saleem / Anisha.
Address : V.R.D.E Complex, Type II Q+R
P/114/A, Ahmednagar
Maharashtra. Pin Code : 414006



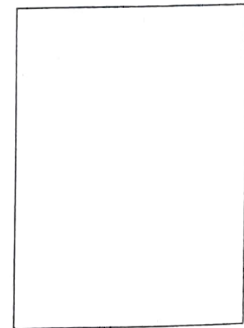
Phone (Resi.) : 9967567147 (Off.) 9527697316

Mobile No. 7620889380 Email id : firdousshaikh@2169@gmc

LOCAL GUARDIAN / HEAD OF INSTITUTE:

1. Name : _____
Address : _____

Pin Code : _____
Phone (Resi.) : _____
Mobile No. : _____
Fax No. : _____





MAHATMA GANDHI MISSION

MAHATMA GANDHI MISSION'S HOSTEL

N-6, CIDCO, AURANGABAD - 431 003 | Tel. : 0240-6482000, Ext. No. 3040, 3041

Email : mgm.hostel@rediffmail.com

Ganga Hostel
3 seater
Common

APPLICATION FOR HOSTEL ADMISSION (2021-2022)

FORM NO. 041

APPLICANTS DETAILS:

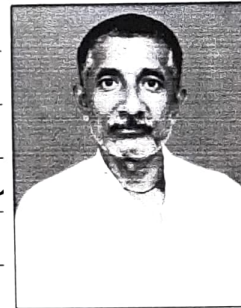
Surname : RAKATE
 Name : VAISHNAVI
 Father's Name : SUBHASH
 Class & Institution: MGM School of Biomedical Science
 Course / Faculty : Bsc. (Perfusion Technology)
 Blood Group : A+ve
 Birth Date : 17 April 2003



History of any medical illness - Past / Present
(Please fill Medical Record of the Resident form)

PARENTS DETAILS:

Name : MISS Rakate Vaishnavi
 Father's/Mother's Name : Subhash
 Address : A/po - Poovaravagar
Tal - Bahadur Dist. Ahmednagar
 Pin Code : 413712
 Phone (Resi.) : _____ (Off.) _____

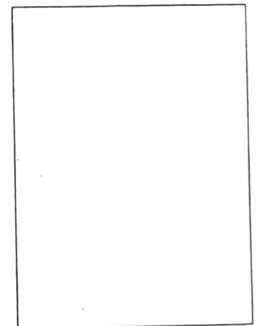


Mobile No. 9921889941, Email id : _____

LOCAL GUARDIAN / HEAD OF INSTITUTE:

1. Name : _____
 Address : _____

 Pin Code : _____
 Phone (Resi.) : _____
 Mobile No. : _____
 Fax No. : _____



Remarks from parent / Local Guardian :

88

Handwritten signature or mark at the bottom right.