

INDIAN WOMEN SCIENTISTS' ASSOCIATION'S

"JITENDRA MAFATLAL MEHTA"
WORKING WOMEN'S HOSTEL

And

"SHREE MAHALAXMI TEMPLE CHARITIES"
WORKING WOMEN'S HOSTEL WING

Plot No-20, Sector : 10 A, Vashi, Navi Mumbai.

Application form for accommodation In the Hostel :

1. Name, Miss /Mrs. _____
2. Date of Birth _____ Age : _____ Qualification : _____
3. Single / Married / Widow / Deserted / Divorced : _____
4. State to which you belong : _____
5. Nationality / S.C./S.T.: _____
6. Name & Address of Parents : _____

- Tel. No. _____ Email _____
7. Place of Work _____
Full Postal Address : _____

- Tel.No. _____ Designation _____
8. Date of Joining Service _____ Date of Increment _____
9. Emoluments per month _____
10. Normal duty hours at the place of work _____ from _____ to _____
(If rotating hours of duty or Night Duty _____
is in existence, certificate to be given)
12. Weekly off day : _____
13. Any other information not covered by the above queries, but which the applicant
feels to be essential in her own interest. _____

Declaration : I have carefully read the rules and regulations of the Hostel for Working Women conducted by the Indian Women Scientists' Association at the above address, and I hereby promise to abide by them as in existence now and as may be modified or altered from time to time, during my stay in the Hostel.

Date : _____

Signature of the applicant

I hereby accept the guardianship of

Date : _____

Signature of Local guardian

Name : _____ Relation : _____
(of the local guardian) (The applicant)

Residential Address : _____
(of local guardian)

Phone No. : _____ Email _____

Office Address : _____
(of local guardian)

Phone No. : _____

- Accompaniments: ✓(1) Service-Cum-Salary Certificates, (Appointment letter) having date of joining service and Total emoluments with date of effect.
- (2) Health certificate from one of the Doctors appointed by the Association. This is to be produced at the time of admission.
- ✓(3) Two conduct and character certificates from two prominent persons (not relatives) knowing the applicant for at least two years.
- ✓(4) A letter from parents giving consent to stay in the Hostel.
- (5) If belonging to Scheduled Caste/Scheduled Tribe, a certificate to that effect from proper authorities.
- (6) A special medical certificate if handicapped / disabled.
- ✓(7) Birth / School leaving certificate
- (8) 2 Pass Port Size Photo
- ✓(9) ~~Pan~~ ^{Aadhar} Card Copy of Candidate, Local Gardian & Parents.

P. S. Application form duly completed to be sent to :

INDIAN WOMEN SCIENTIST'S ASSOCIATION
PLOT NO-20, SECTOR-10-A,
VASHI, NAVI MUMBAI- 400 703.

Signature of the Hostel
authority

No Objection Certificate from Parents

To,

INDIAN WOMEN SCIENTISTS' ASSOCIATION

Plot No. 20, Sector-10A, Vashi,
Navi Mumbai - 400 703.

email: iwsahostelvashi@gmail.com

My daughter Ms. _____
Name

Is employed in _____
Name of the Organization

She has applied for accommodation in your hostel. I do not have any objection to her being admitted in your hostel.

I am aware that Mr./Mrs./Miss _____
will be her local guardian.

The Name and address of the local guardian is as follows.

Local guardian. Address, Tel. No. / email : _____

I assure you that she will follow all the Rules and regulations of the hostel.

Signature of parents Address, Tel. No. / email : _____

Name of the parents _____

LOCAL GUARDIAN CONSENT FORM

To,

INDIAN WOMEN SCIENTISTS' ASSOCIATION

Plot No. 20, Sector-10A, Vashi,
Navi Mumbai - 400 703.

email : iwsahostelvashi@gmail.com / iwsahq@gmail.com

I declare that my ward _____

who is admitted to your hostel _____

is employed in _____
(Name of the organization)

any other (specify) _____

I assure that I she will follow all the rules and regulation of the hostel.

Signature of the Local guardian.

Name : _____

Address _____

Telephone No. (Resi.) _____

(Off.) _____

email :-



INDIAN WOMEN SCIENTISTS' ASSOCIATION

Plot No. 20, Sector-10A, Vashi, Navi Mumbai - 400 703.

- Societies Reg. Act 1860 Regd. No. BOM.193/73 GBBSD dt. 13/6/73
 - BOM Public Trust Act 1950 Regd. No. F-2931 (Bom) dt. 19/7/73
- Tel.No. 2766 1806, 2766 2136 ● Fax : 9122-2765 3391

● Email iwsahostelvashi@gmail.com Website : www.iwsa.net

MEDICAL FITNESS CERTIFICATE

Name :

Age :

Height :

Weight :

Past History of Hillness :

General Examination :

BP :

Pulse :

Anemia :

CVC :

Respiratory :

PA :

Breast :

Gynace :

Conclusion / Impression :

Advise :