



Guru Gobind Singh Indraprastha University

A R A V A L I B O Y S H O S T E L

Sector 16-C, Dwarka, New Delhi-110078

DATE- 01-09-2023

FIRST LIST OF HOSTEL ALLOTMENT FOR THE SESSION 2023-24 (FOR OD, FOREIGN, DELHI NCR AND DELHI GEN WITH OUTSIDE RESIDENCE)

The following students are required to appear in Warden Office of Aravali Boys Hostel *in persons* with parents/ Local guardian for Hostel Admission for academic session 2023-24 between 02:00 PM to 5:00 PM from September 02, 2023 to September 11, 2023.

Hostel fees required to deposit by three separates Demand Draft at Hostel Office at the time of admission:

- 1- 1st Demand Draft of Rs. 35,000 /-(Rupees Thirty Five Thousand only) in favor of "Registrar, G.G.S.Indraprastha University" payable in Delhi
- 2- 2nd Demand Draft of Rs.36000/- (Rupees Thirty Six Thousand only) in favor of "Aravali Boys Hostel Mess Account" payable in Delhi.
- 3- 3rd Demand Draft of Rs.4000/- (Rupees Four Thousand only) in favor of "Aravali Boys Hostel Welfare Account" payable in Delhi

The following documents are required to produce at the time of Admission in Hostel:

1. Three Passport size Photograph.
2. Residence Proof (Electricity Bill/ Adhar Card/ Voter ID card).
3. Medical Certificate.
4. Original Admission/ Reporting Slip/ fees Slip
5. Self Attested Mark Sheet of 12th / Graduation.
6. Copy of antiragging form of Parents and Students (**available on website www.antiragging.in**)

The provisional hostel allotments are subjected to verification of all the relevant documents mentioned in hostel admission brochure 2023-2024.

The Shortlisted Students are advised to read Hostel Admission Brochure available on the University Website (<http://www.ipu.ac.in/hostels.php>) for details rule governing Hostel Residency.

SL NO.	NAME	FATHER'S NAME	ENROLMENT NO.	COURSE	CATEGORY
1	SARTHAK BISHT	ANIL BISHT	NA	B.TECH(IT)	DGEN (PH)
2	STANZIN SASKYONG NAMGAIL	NAWANG DELAK	NA	B.TECH(CSE)	ODST
3	NIKHIL KUMAR	VIJAY MAHOTO	NA	BBALLB	ODST
4	SHWET GAUTAM	MADAN SINGH	NA	BBALLB	ODSC
5	ATUL KUMAR	SURESH KUMAR	00716015323	M.TECH (BT)	ODSC
6	GURPREET SINGH	JASPINDER SINGH		MBA	ODSC
7	RATHOD DEEPAK	RATHOD BHIMROA	00316015423	M.TECH	ODOBC
8	ARUN KUMAR	MANGERAM		Ph.D	ODOBC
9	LAKSHAY	HARINDER SINGH	NA	LLM	OD(EWS)
10	AYUSHMAN KASHYAP	PAWAN SINGH	04016101422	B.TECH(CE)	OD(EWS)
11	SAURAV KUMAR JHA	BINOD KUMAR JHA		MBA	ODGEN
12	RADRAPRATAP KANHAIYALA VISHWAKRMA	KANHAIYALAL VISHWAKARMA	NA	B.TECH(ECE)	ODGEN
13	SRIJAN SINGH	MANOJ KUMAR	NA	BALLB	ODGEN
14	TANISHQ VIJAY	SHIVAM SUNDER VIJAY	NA	B.TECH(IT)	ODGEN
15	PIYUSH	BIRENDRA PRASAD SINGH KESHRI	000216414223	M.TECH (ECE)	ODGEN
16	AAYUSH BHATT	SUMIT BHATT	NA	B.TECH(CSE)	ODGEN
17	ARNAV NAYAK	VIJAY KUMAR	03016412822	B.TECH(ECE)	ODGEN
18	HARSHIT SRIVASTAV	RAJESH KUMAR LAL SRIVASTAV	05116503822	BALLB	ODGEN
19	AVNISH KHANDELWAL	DEEPAK KHANDELWAL	03716101421	B.TECH(CT)	ODGEN
20	VISHESH TIWARI	RAMAKNT TIWARI	04916412822	B.TECH(ECE)	ODGEN
21	CHIRAG AGARWAL	SAJJAN KUMAR AGGARWAL	NA	MCA	ODGEN
22	KAUSTAV GHOSH	SAURAV GHOSH	03816401522	B.TECH(IT)	ODGEN
23	SATYAROOP KAR	BISHWAROOP KAR	NA	LLM	ODGEN
24	ABHIJEET DAS BAKSHI	ANINDA DAS BAKSHI	NA	MBA	ODGEN
25	SUYASH TIWARI	SURYADEO TIWARI	05816412822	B.TECH(ECE)	ODGEN
26	MANAV GOEL	VINAY GOEL	NA	B.TECH(IT)	ODGEN
27	SACHIN DEV	HARISHCHANDRA YADAV	NA	PH.D	ODGEN

28	ABHINAV RAJ	MUKESH KUMAR THAKUR	03416412822	B.TECH(ECE)	ODGEN
29	SHIVANSH GOEL	SUSHIL KUMAR GOEL	05516403222	B.TECH(CSE)	ODGEN
30	NAJMUL HODA	NOORUL HODA	02416412822	B.TECH(ECE)	ODGEN
31	DEBADITYA NAG	BAPPA NAG	03616412822	B.TECH(ECE)	ODGEN
32	KUNAL BANSAL	MANOJ KUMAR	06916401522	B.TECH(IT)	ODGEN
33	GAURAV BARANWAL	DEVI PRASAD BARANWAL	04116401522	B.TECH(IT)	ODGEN
34	VISHAL KUMAR	RAJESH KUMAR PATHAK	03516401522	B.TECH(IT)	ODGEN
35	GAURAV	SARVAN SINGH	01016407222	B.TECH(CSE)	ODGEN
36	DIVYA AYUSH	AJAY KUMAR	05616412822	B.TECH(ECE)	ODGEN
37	NITIN BHATTAR	HAREESH BHATTAR	04016412822	B.TECH(ECE)	ODGEN
38	KIRTI VARDHAN MISHRA	INDU PRATAP MISHRA	NA	B.TECH(ECE)	ODGEN
39	DILKESH	GANESH	03916101422	B.TECH(CE)	ODGEN
40	NIPUN SHARMA	DINESH KUMAR	06016412822	B.TECH(ECE)	ODGEN
41	SATYAM SINGHANIA	DINESH KUMAR SINGHANIA	03916401522	B.TECH(IT)	ODGEN
42	UZZAL CHANDA	AMAR CHANDA	NA	B.TECH (CSE)	FOREIGN
43	SHASHWAT BASNET	MOHAN BAHADUR BASNET	NA	B.TECH(CSE)	FOREIGN
44	SHIVAM SAH SONAR	SHAMBHU SAH SONAR	NA	B.TECH (CSE)	FOREIGN
45	SAHIL SHARMA	DR. PANKAJ SHARMA	NA	B.TECH (CSE)	FOREIGN
46	MANISH ROUNIYAR	SUDAMA SAH	NA	B.TECH(CSE)	FOREIGN

Vinay
01 Sep/2023

Vinay Shah

Warden, Aravali Boys Hostel

Copy to:-

- 1. In charge, UITS to Pl upload on the university website.**
- 2. Aravali Boys Hostel notice board.**
- 3. All concerned.**
- 4. Guard File.**

MEDICAL FITNESS FORM
(to be submitted at the time of Interview/Admission)
(2023-2024 Session)

Name of Student Mr.

s/o

Age.....Sex:..... Marital Status.....

Name, Address and Phone No. of Family Doctor

Have you ever been diagnosed with Diabetes/Hypertension/Sleeping disorder/Anorexia/Tuberculosis/
Asthma/Epilepsy or **any Psychiatric** illness? Yes / No

If yes, provide details of treatment taken and Name and Address of the Doctor.....

Are you HIV positive? Yes / No

Are you Hepatitis B Positive? Yes / No

Are you suffering from any category of Skin Disease?

If yes, please specify

Are you suffering from any heart disease? Yes / No

Are you suffering from any disease which may require sudden emergency treatment? Yes / No

If yes, please mention the line of treatment it may require.....

Are you suffering from any fear / Phobia. If yes, please specify

Other than above any other medical information you want to give. (Attach a separate sheet)

All the mentioned details have to be duly certified by a qualified medical practitioner (Allopathy)

registered by DMC/State Medical council

*** Strike whichever is not applicable.**

Use in original

MEDICAL CERTIFICATE
(to be submitted at the time of Interview/Admission)
(2023-2024 Session)

I certify that I have carefully examined Mr/Mrs:"
Son/Wife of Mr./Ms./Mrs*
whose signature is given below. Based on the examination, I certify that he/she is in good mental and physical health and is free from any physical defects, which may interfere with his/ her studies including the active outdoor duties required of a professional and his/her residence in the hostel.

Visible Mark of Identification

Blood Group :

Signature of the Candidate :

Place :

Date :

Name and Signature of the Medical Officer with Seal and Registration Number #

Strike whichever is not applicable.

To be signed by a registered Medical Practitioner holding a degree not below that of MBBS.

Use in Original

S. NoAllotted Room No.....

BOY'S HOSTEL
GGs Indraprastha University
 Dwarka, Sec-16C, New Delhi-110078
Hostel Application Form
 For the Academic Year 2023-2024
 (ALLETRIESMUSTBEMADEIN
 CAPITALLETTERS)



1. Name of Student Mr.
2. Nationality.....
3. Date of Birth.....
4. Enrolment No.
5. Programme & University School of Study
6. a) Date of Joining University.....
 b) Date of Joining the Hostel
7. Category (Delhi, Outside Delhi and.....
 SCST/PH/DEFGEN)
8. Name of Parents : Father
- Mother

9. Present Address of the Parents :

OFFICE

RESIDENCE

<i>Tel No.</i>	<i>Tel No.</i>
<i>Mobile</i>	<i>Mobile</i>

**In case of change in Residential Address of parents during the session :*

10. To be filled by the Office : Allotted Room No.

Residence :.....

Tel • *Email ID •*

(Signature of Warden)

11. Undertaking by the Parents

I..... hereby declare that
Shri/Km. is my ward.
I nominate Shri / Mrs. the relevant
information about whom is furnished below, as his/her local guardian. If my ward Shri / Km
..... vioates any rules or regulations
Disciplinary rules of the University.
Name & address of Local Guardians (Mandatory)

OFFICE

RESIDENCE

.....
.....
.....
Tel No.	Tel No.
Email ID.	Email ID.
ii)	ii)
.....
.....
Tel No.	Tel No.
Email ID.	Email ID.

11.b) I, Father / Mother of
certify that the above information are correct.

11.c) Foreign students are required TC submit approved local Guardians address from Director, International Affairs of
GGS Indraprastha University.

12. Contact Address in case of Emergency:

.....
.....
.....

Tel No..... Mobile No.

13. Mobile No. of the Student

14. Email ID of the Student

15. Medical Certificate: Attached / Not Attached (As given in Appendix II A & B)

16. Extra Curricular Activities

(Signature of Student)
Date:

(Signature of Parents)

HOSTEL IDENTITY CARD FORM
(to be filled by the student) 2023-24

The Photo Should Be Attested by The warden / Chief Warden
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1. Name Class..... Subject.....
2. Father's Name
2. Mother's Name
3. Date of Birth (Day, Month, and Year)
4. Permanent Address
.....
.....
5. Address of Parents for Correspondence (if different from above) (Phone / Fax / E-mail) / Mobile
6. Name and Address of Local Guardian
- (Phone / Fax / E-mail) / Mobile.....
7. Room No.....Name of the Hostel.....
8. Hostel/Admission fee Receipt NoDate.....Signature of Clerk

Signature of Hostel Warden

Signature of Chief Warden

**CERTIFICATE FOR AVAILING ADMISSION AGAINST PHYSICALLY
HANDICAPPED QUOTA**

**(To be submitted at the time of Interview/Admission)
(2023-2024 Session)**

Certified that Mr/Ms./Mrs
Son/Daughter/Wife ofis
Physically handicapped due to and he/she is fit
For undergoing the course(s)
.....

At Guru Gobind Singh Indraprastha University, Delhi and can be a hostel resident.

(Office Seal)

Name & Signature
The Officer-in-charge
Vocational Rehabilitation
Centre for Physically Handicapped

Date:

*** Note: Use photocopy of this Form**