

S. No.

Allotted Room No.....

BOY'S HOSTEL
GGs Indraprastha University
 Dwarka, New Delhi-110078
Hostel Application Form
 For the Academic Year 2019-20
 (ALL ENTRIES MUST BE MADE IN
 CAPITAL LETTERS)



1. Name of Student Ms./Mrs
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 SC/ST/PH/DEF GEN)
8. Name of Parents : Father
- Mother
9. Present Address of the Parents :

OFFICE

RESIDENCE

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

Tel No.	Tel No.
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Mobile	Mobile
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*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

Ihereby 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 of the Hostel, disciplinary action may be taken against him/her in accordance with the disciplinary rules of the University.

Name & address of Local Guardians (Mandatory)

OFFICE

RESIDENCE

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.....
.....
Tel No.
Email ID

.....
.....
.....
Tel No.
Email ID

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

.....
.....
.....
Tel No.
Email ID

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

11.c) Foreign students are required to 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

11.c) Email ID the Student

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

15. Extra Curricular Activities

(Signature of Student)

Date:

(Signature of Parents)

MEDICAL FITNESS FORM

(to be submitted at the time of Interview/Admission)
(2019-2020 Session)

Name of Student Ms./Mrs

S/o

Age..... Sex : Marital Status

R/o

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)
(2019-2020 Session)

I certify that I have carefully examined Ms./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

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

(To be submitted at the time of Interview/Admission)
(2019-2020 Session)

Certified that Mr./Ms./Mrs.....
Son/Daughter/Wife of is
physically handicapped due toand 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 :

HOSTEL IDENTITY CARD FORM
(to be filled by the student) 2019-20

The Photo Should
be Attested by
the warden /
Chief Warden

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

Signature of Hostel Warden

Signature of Chief Hostel Warden



Permission for Late Entry in the Hostel/ Night stay in the School/Lab

**GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
SECTOR-16C, DWARKA, NEW DELHI-110078
FOR ACADEMIC YEAR 2019-2020**

1. Name of Student / Enrollment No.
2. Name of the Hostel / Room No.....
3. Programme & University School of Studies
4. Reasons of late entry / Night stay in the School / Lab.....
.....
.....
.....
.....
5. Date : From To.....
6. Time : From To

Signature of the Resident

The Warden,

..... Hostel

Dear _____

Permission is granted to Ms. / Mr. _____ for

Late night stay in the School / Lab for his / her research / dissertation / project work.

**Signature of the Supervisor / Mentor
With Stamp**

**Signature of the Dean
with stamp**