Subject: Hostel Admission 2017-18

The Ph.D students seeking hostel accommodation are required to submit duly filled admission form along with the Ph.D registration proof of the University School which they have joined. The hostel admission form may be downloaded from University Website. The application form may be submitted to the Boys' and Girls' Hostel Office respectively.

The last date for submission of hostel admission form is 30th December 2017.

Prof. Rita Singh
Chief Warden, Hostels
Appendix-I

S. No. ____________________________

BOY'S HOSTEL
GGS Indraprastha University
Dwarka, New Delhi-110078
Hostel Application Form
For the Academic Year 2017-18
(ALL ENTRIES MUST BE MADE IN CAPITAL LETTERS)

1. Name of Student ________________________________
2. Nationality ________________________________
3. Date of Birth ________________________________
4. Enrolment No. ________________________________
5. Course & University School of Studies ________________________________
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. ________________________________
Mobile ________________________________

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 I nominate Shri/Mrs. as my ward.

I hereby declare that information about whom is furnished below, as his/her local guardian, if my ward Shri/Mrs. violates 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)

<table>
<thead>
<tr>
<th>OFFICE</th>
<th>RESIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Tel No.</td>
<td>Tel No.</td>
</tr>
<tr>
<td>Email ID</td>
<td>Email ID</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Tel No.</td>
<td>Mobile No.</td>
</tr>
</tbody>
</table>

13. Mobile No. of the student

11.c) Email ID the Student

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

15. Extra Curricular Activities

(Signature of Student)
Date

(Signature of Parents)
Appendix-II (A)

MEDICAL FITNESS FORM
(to be submitted at the time of interview/Admission)
(2017-2018 Session)

Name of Student

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?

Yes / No

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

PTO
Appendix-II (B)

MEDICAL CERTIFICATE
(to be submitted at the time of Interview/Admission)
(2017-2018 Session)

I certify that I have carefully examined Mr. [Name], son of Mr. [Father's Name], whose signature is given below. Based on the examination, I certify that he is in good mental and physical health and is free from any physical defects, which may interfere with his studies including the active outdoor duties required of a professional and his 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
HOSTEL IDENTITY CARD FORM
(to be filled by the student) 2017-18

1. Name

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
Appendix-I

S. No. .................

GIRL’S HOSTEL
GGS Indraprastha University
Dwarka, New Delhi-110078
Hostel Application Form
For the Academic Year 2017-18
(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 Studies

6. a) Date of Joining the University ................................
    b) Date of Joining the Hostel ....................................

7. Category (Delhi, Outside Delhi and
   SC/ST/PH/DIF/GN)

8. Name of Parents: Father ...........................................
   Mother .................................................................

9. Present Address of the Parents :
   OFFICE ................................................................
   RESIDENCE ..........................................................
   Tel No. ......................................................... Tel No. .............
   Mobile ......................................................... Mobile ..............
   *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. a) Undertaking by the Parents

I ................................................................................................................................. hereby declare that
Km. ............................................................................................................................. is my ward.

I nominate Shri / Mrs. ........................................................................................................ the relevant
information about whom is furnished below, as her local guardian. If my ward violates any rules or regulations
of the Hostel, disciplinary action may be taken against her in accordance with the
disciplinary rules of the University.

Name & address of Local Guardians (Mandatory)

<table>
<thead>
<tr>
<th>OFFICE</th>
<th>RESIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Tel No: .....................................................

Email ID: ......................................................

Tel No: .....................................................

Email ID: ......................................................

b) I ................................................................................................................................. Father / Mother of

certify that the above information are correct.

b) 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:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Tel No: .....................................................

Mobile No: .....................................................

13. Mobile No. of the Student: .....................................................

14. Email ID 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)
MEDICAL FITNESS FORM
(to be submitted at the time of interview/admission)
(2017-2018 Session)

Name of Student Mr./Mrs.

D/W/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? Yes / No

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
Appendix-II (B)

MEDICAL CERTIFICATE
(to be submitted at the time of Interview/Admission)
(2017-2018 Session)

I certify that I have carefully examined Ms./Mrs. ...........................................

Daughter/Wife of Mr. ...............................................................

whose signature is given below. Based on the examination, I certify that she is in good mental and physical health and is free from any physical defects, which may interfere with her studies including the active outdoor duties required of a professional and 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
HOSTEL IDENTITY CARD FORM
(to be filled by the student) 2017-18

1. Name ........................................... Programme ........................................... 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