Guru Gobind Singh Indraprastha University

Dwarka, Sector 16C, Delhi-110078

Subject: Hostel Admission 2017-18

The Hostel Admission Form for Academic Session 2017-18 are being uploaded on the university website **www.ipu.ac.in.** The students seeking hostel accommodation are required to submit duly filled admission form and other forms along with **valid residence proof.** The application form may be submitted to the Boys and Girls Hostel Office respectively, by 1st August, 2017.

The Hostel Admission Brochure along with detailed fee structure will be uploaded on the university website shortly.

Rita Singh 28/7/2017.

Prof. Rita Singh
Chief Warden, Hostels

Appendix-I

S. No. .....

Allotted Room 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)

Affix your latest passport size photograph here

1. Name of Student Mr./Ms. .....
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.	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. **Undertaking by the Parents**

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

Name & address of Local Guardians (Mandatory)

	OFFICE	**RESIDENCE**
	.....	.....
	.....	.....
	.....	.....
	Tel No.	Tel No. .....
	Email ID	Email ID .....
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 ....

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)

Appendix-II (A)

MEDICAL FITNESS FORM

(to be submitted at the time of Interview/Admission)

(2017-2018 Session)

Name of Student Mr. .....

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

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. .....

Son of Mr. .....

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 registerd Medical Practitioner holding adegree not below that of MBBS.

Use in Original

Appendix-III

CERTIFICATE FOR AVAILING ADMISSION AGAINST PHYSICALLY HANDICAPPED QUOTA

(To be submitted at the time of Interview/Admission)

(2017-2018 Session)

Certified thatMr. .....

Son of ..... is

physically handicapped due to .....and he 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

HOSTEL IDENTITY CARD FORM
(to be filled by the student) 2017-18

The Photo Should be Attested by the warden / Chief Warden

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

Appendix-I

Allotted Room No.....

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)

Affix your latest passport size photograph here

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 theUniversity .....

   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. .....
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 Km. ..... 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)

	OFFICE	**RESIDENCE**
	.....	.....
	.....	.....
	.....	.....
	Tel No.	Tel No. .....
	Email ID	Email ID .....
ii)	.....	.....
	.....	.....
	.....	.....
	Tel No.	Tel No. .....
	Email ID	Email ID .....

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

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 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)

Appendix-II (A)

MEDICAL FITNESS FORM

(to be submitted at the time of Interview/Admission)

(2017-2018 Session)

Name of Student Ms./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?

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 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 registerd Medical Practitioner holding adegree not below that of MBBS.

Use in Original

Appendix-III

CERTIFICATE FOR AVAILING ADMISSION AGAINST PHYSICALLY HANDICAPPED QUOTA

(To be submitted at the time of Interview/Admission)

(2017-2018 Session)

Certified that Ms./Mrs.....

Daughter/Wife of ..... is

physically handicapped due to .....and 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) 2017-18

The Photo Should be Attested by the warden / Chief Warden

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