

Sr. No. \_\_\_\_\_

**HOSTEL ADMISSION FORM**  
**GURU JAMBHESHWAR UNIVERSITY OF SCIENCE & TECHNOLOGY,**  
**HISAR-125001**

**Session 2019-2020**

**Note:** All columns of this form must be clearly filled by the applicant in his/her own handwriting. Attach three stamp size photographs with this form.

1. Name : \_\_\_\_\_

2. Father's Name : \_\_\_\_\_

3. Mother's Name : \_\_\_\_\_

4. Department : \_\_\_\_\_

5. Course : \_\_\_\_\_

6. Semester : \_\_\_\_\_

7. Registration No. : \_\_\_\_\_

8. Academic Record:

Sr. No.	Examination passed	Year	%age of marks	University/Board

**Paste Attested  
photograph**

9. Date of Birth and Category: DOB:..... General - [ ] SC - [ ]

BC A/B - [ ] EBP - [ ] PH/Differently abled Person [ ] ESM/FF [ ] .

10. Permanent Address:

\_\_\_\_\_

\_\_\_\_\_

E-Mail : \_\_\_\_\_ Telephone no. \_\_\_\_\_

11. Local Guardian Address:

\_\_\_\_\_

E-Mail : \_\_\_\_\_ Telephone no. \_\_\_\_\_

12. Name of allowed visitor (relevant for girls only)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

13. a) Aadhaar No. \_\_\_\_\_

b) Student Account no., IFSC code & Bank \_\_\_\_\_

13. a) Whether you are an old resident of the Hostel: Yes / No

b) If the answer to 13 (a) is yes, give the following details:

i) Hostel \_\_\_\_\_ ii) Room No. \_\_\_\_\_ iii) Session \_\_\_\_\_

c) Recommendation of the previous Hostel Warden regarding your behavior:

**14. I undertake to abide by all the hostel rules and regulations of the University failing which disciplinary action may be taken. In case of shortage of accommodation, I shall adjust additional resident in my room. I will not keep iron rod/ weapon/ arms of any kind in the hostel. Further, I will vacate the hostel any time as per requirement of the University. The undertaking about not involving in activities such as ragging, etc. are enclosed. I abide by the rules and regulations of GJUS&T, Hisar in letter spirit. Further, No FIR against me in any criminal cases has been lodged.**

Father/Guardian's Signature

Signature of the Applicant

**TO BE FILLED BY THE HOSTEL OFFICE**

Hostel Fee Rs. \_\_\_\_\_ Received vide Chalan No./Receipt No. \* \_\_\_\_\_

\_\_\_\_\_ Dated \_\_\_\_\_ Room No. \_\_\_\_\_

(COORDINATOR/WARDEN)

(HOSTEL CLERK/ASITT.)

\*Residents are advised to note their challan No./receipt No. for future reference.

**HOSTEL IDENTITY CARD 2019-20**

Name.....

Father's Name.....

Course.....

Sem.....

Roll No.....

Room No.....

Hostel.....

Address.....

Tel./Mob.....

D.O.B.....

Receipt No.....

Blood Group.....

E-mail.....

Affix your stamp size photo

Coordinator/Warden

**HOSTEL IDENTITY CARD 2019-20**

Name.....

Father's Name.....

Course.....

Sem.....

Roll No.....

Room No.....

Hostel.....

Address.....

Tel./Mob.....

D.O.B.....

Receipt No.....

Blood Group.....

E-mail.....

Affix your stamp size photo

Coordinator/Warden



**HOSTEL IDENTITY CARD 2019-20**

Name.....

Father's Name.....

Course.....

Sem.....

Roll No.....

Room No.....

Hostel.....

Address.....

.....

Tel./Mob.....

D.O.B.....

Receipt No.....

Blood Group.....

E-mail:.....

Affix your  
stamp size  
photo

Coordinator/Warden

**HOSTEL IDENTITY CARD 2019-20**

Name.....

Father's Name.....

Course.....

Sem.....

Roll No.....

Room No.....

Hostel.....

Address.....

.....

Tel./Mob.....

D.O.B.....

Receipt No.....

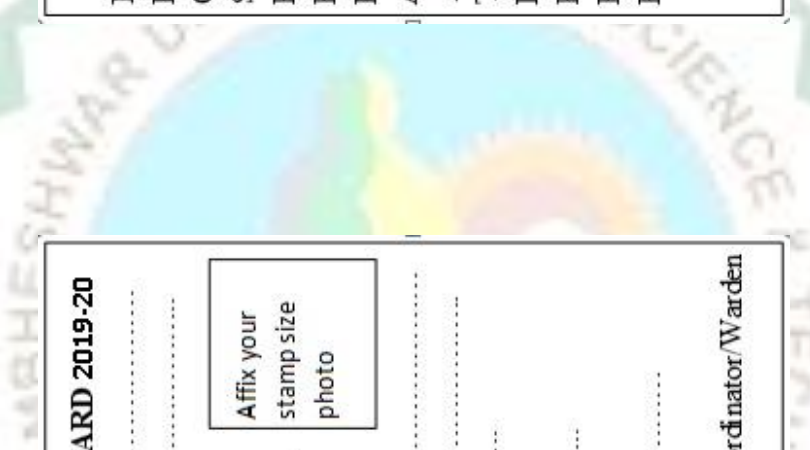
Blood Group.....

E-mail:.....

Affix your  
stamp size  
photo

Coordinator/Warden

ज्ञान विज्ञान साहित्यम्



## **CERTIFICATE FROM THE CHAIRPERSON**

It is recommended that Mr./Ms. \_\_\_\_\_ Son/Daughter of Sh. \_\_\_\_\_ is a bonafide student of this Department and may be admitted to the University Hostel. I certify that the address of the applicant given above is the same as given in the admission form of the Department and it is not located within 20 kms. radius of Hisar city. In case the applicant leaves the Department or his/her name is struck off on account of non-payment of dues or other reason, I shall inform the Chief Warden. I shall not issue the Roll No. of the Examination/provisional certificate/transcript of degree to the applicant unless he/she produces a NO DUES CERTIFICATE from the Coordinator/Warden/Dy. Chief Warden/Chief Warden. His/Her position in the Entrance Merit List is \_\_\_\_\_

Date :

Chairperson  
(with seal)

## **UNDERTAKING ABOUT RAGGING**

I have read clause 14 page VIII of the University prospectus regarding the direction and 'Zero Tolerance' about ragging. I pledge to abide by the directions and guidelines of Supreme Court, Government of India, UGC, State Government and Guru Jambheshwar University of Science and Technology about ragging. If at any stage of my stay in the hostel I am found involved in the incident of ragging I will accept appropriate punishment, fine or both from the university authorities & be ready to face legal action.

Signature of the applicant with date

**UNDERTAKING ABOUT NON-CONSUMPTION OF  
ALCOHOL AND DRUGS**

I pledge to abide by the directions and guidelines of Supreme Court, Government of India, State Government and Guru Jambheshwar University of Science and Technology about use of drugs and alcohol in the University campus. If at any stage of my stay in the University and hostels, I am found under the influence, possession or consumption of Drugs or alcohol I will accept appropriate punishment, fine or both from the university authorities & be ready to face legal action.

Signature of the applicant with date

**UNDERTAKING FROM PARENTS ABOUT  
ALCOHOL AND DRUGS USE**

My son/daughter has no past record of indulgence in any type of drug use or consumption of alcohol. I fully take the responsibility that he/she will continue to maintain non indulgence in drugs and alcohol throughout his/her stay in the University and hostel. If at any stage of his/her stay in the University and hostels, he/she found under the influence, possession or consumption of Drugs or alcohol I will accept appropriate punishment, fine or both imposed on my ward by the university authorities.

Signature of the parents with date

Mother.....

Father.....

## MEDICAL CERTIFICATE

No \_\_\_\_\_

Dated \_\_\_\_\_

Certified that Mr./Ms. \_\_\_\_\_ Son/Daughter/Wife  
of Sh. \_\_\_\_\_ resident of \_\_\_\_\_ District  
\_\_\_\_\_ appeared before the undersigned Medical Officer  
for medical check-up. On his/her Medical Examination it is found that he/she does not  
have any communicable disease or any other serious medical history that would  
prevent him/her from staying in the hostel.

(Signature of the applicant)

Medical Officer

Date: \_\_\_\_\_

(Seal of the above authority)

Place: \_\_\_\_\_



## UNDERTAKING

- 1) I \_\_\_\_\_ S/O or D/O. \_\_\_\_\_ do here by confirm that I will vacate the hostel any time as per requirement of the University.
- 2) I do hereby also declare that the information provided above is true to my knowledge & I will update it with hostel office whenever any change is there.

Signature

Name.....

Father Name.....

Registration No/Roll Number .....

Dated.....

Department.....

Year.....

