Form No	(2022-23)
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Others

ARAVALI POST GRADUATE MEN'S HOSTEL UNIVERSITY OF DELHI SOUTH CAMPUS, NEW DELHI-110021

Application Form for Admission for Session (2022-2023)

Admission No						ssport	
Amount Paid		•••••				&	τ
Date		Bank I	Details			Enclose of More photon this form	oto with
CATEGORY FOR	WHICH	THE APPLICA	ATION MAY B	E ACCEPT	ΓED		
Course		Semester/Yea	r	Dep	artment.		
Category (Tick one (Support with duly	*	GEN□ Document)	SC □	ST 🗆	OTH	ER 🗆	
Region: Nor	th Easteri	n State	Other St	ate			
Last Exam, Passed (Support with duly				Marks (in	%)		
(i) Name (in c	apital)					• • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
			(iii) Date of Bi	rth			
(iv) Marital Sta		_			igle \square		
` '	Status:	PG Student	\Box R	esearch Stu			
(vi) Correspond	lence Add	lress					
(vii) Permanent	Address			• • • • • • • • • • • • • • • • • • • •			
Mobile/Pho	one:		e-mail:				
(viii)Educational							T
Examination(s) Passed	Year	University	Subjec		larks tained	Total Marks	%Marks /Grade
M, Phil							
M.A/M.Sc./							
MBA/M.Com/L							
LM BBA/LLB							
B.A/B.Sc./							
B. Com.							

	(ix)	Have you been reside ollege or Institution?	ent of other Hostel mainta	ined by the University of Delhi or any of Yes/No
		C	the Hostel	1 es/No
(x)	Detai	ils of Scholarship/Fellov	wship	
(xi)		-	-	
(xii) (xiii)	Wou		C/Lap Top in hostel: Y	
	Fathe	er's Name		Designation
	Moth	er's Name		Designation
	Resid	lential Address		
	Offic	ial Address		
	Phon			Office:
(xiv)	For l	Foreign Students Only Nationality		f arrival in India
	(b)	Passport No	Place &	& Date of issue
	(c)	Date of Issue of Visa	Valid ı	up to
	(d)	Place of last stay, if a	ny, in India	
		Recom	mendations of the Forei	gn Students Advisors
				Signature (Foreign Students Advisor)
(xv)	Decla	aration by the Applica	 nt:	(1 8 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
(1)	I decl	are that the entries given		undertake to inform the authority in writing of
(2)	I have Gradu rules regula	e carefully read the rules a nate Men's Hostel, Univer and regulations as may he	and regulations governing the rsity of Delhi, South campus rereinafter be made in this re	ne admission and residence in the Saramati Post s, and I agree to abide by the same and all such gard. I know that any violation of the rules and p of the hostel and I may be asked to leave the
(3)	I also and o Act, S	undertake to submit myse ther authorities of the Uni	iversity, who may be vested Rules that have been framed	iction of the Vice-Chancellor, Provost, Warden I with authority to exercise discipline under the
(4) (5)	I also	•	oom on or before the expiry	of the academic year.
	has be		case, any incorrect/wrong ir	e best of my knowledge and belief and nothing aformation found at any time, strict disciplinary
				Signature of the Applicant

(Annexure-A)

	I,hereby declare	BY RESEARCH STUDENTS that I am a bonafide full time research student					
	·	ect), working for the M. Phil/Ph. D. degree of					
	University of Delhi. My registration date is						
	vide receipt No						
	n work	•					
researer	I WOIK						
Signatu	re of the Supervisor	Signature of the Research Student					
		(Annexure- B)					
	NON-RESEARCH CERTIFICATE OF THE HEAI						
		S/o					
	-	and pursuing					
		ssion to the Saramati Post Graduate Men's Hoste					
	- •	ent. His position in Admission/Merit/List No. is					
		s deposited the University fee for the academic					
year	vide Receipt No						
Date		Signature Head of the Institution with Seal					
		(Annexure C					
FINAN	ICIAL GUARANTEE AND DECLARATION	· · · · · · · · · · · · · · · · · · ·					
GUAR		with my consent and that I shall be responsible					
i	• 11	the resident leaves the hostel without payment of					
	I may be contacted for any official purpose or enhostel.	mergency that may arise during his stay in the					
	•	The Parents Relationship with					
		Phone No					
]	Phone No:						
;	Signature of Local Guardian	Signature of Parent					

	Form No
	(Annexure-D) MEDICAL FITNESS DECLARATION
1.	I declare that I am not suffering from any infection, chronic or any other disease, which make me, unfit for stay in the hostel.
2.	In case I have any medical problem requiring any specific facility in the hostel, the same is indicated along with supporting document.
3.	My Blood Group is
	Signature of the Applicant
	MEDICAL CERTIFICATE
`	filled in by Medical Officer of the University Health Centre or Any other Medical Officer of the oot below that of the Civil Surgeon), after proper check up of the student.
This is	to certify that I have examined Mr.
S/o Sh	reeon
and ha	ve found him medically fit for stay in the University Hostel.
Date: .	Signature of the Doctor WUS Health Centre UDSC With Rubber Stamp and Designation
Institu 14/6/80	oreign students are also required to produce the Medical Certificate from the National te of Communicable Disease, 22 Sham Nath Marg, Delhi –110054, in terms of letter No. F-6/8-ESII dated the 20 th April 1987, from the Ministry of Human Resource Development, tment of Education, Govt. of India, New Delhi.
Note:	Optional for students seeking readmission.
	Admitted / Not Admitted

Provost

Warden

Resident Tutor

Cashier

Section Officer

T .	4	4 •	
Ins	tru	ctio	ns:

- 1. Please use **Capital Letters** while completing the form to avoid rejection.
- 2. Incomplete forms will not be considered.
- 3. Incorrect information may cause cancellation of admission
- 4. The admission will be valid for the current academic session

Check list: T	The follow	ving documen	ts are requ	ired to	attach	while s	submitting	this	form:
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- 1. Xerox Copy of Marks Sheet 2. Two Copies of Passport Size Photo
- 2. Attested Xerox Copy of Caste Certificate
- 3. **One Xerox copy each from (i) and (ii)**:- (i) Domicile Certificate/Passport/Voter I-Card/Ration Card, and (ii) Current Telephone/Electricity Bill/Water Bill
- 4. Please read carefully the handbook of information for detailed instructions.

••		•	
X	X	 X	.

SARAMATI POST GRADUATE MEN'S HOSTEL University of Delhi South campus

Form No..... (2022-23)

(To be filled in by the Office)

Received an application from Mr stud	ent of
Department	
Date	Signature