

**GURU JAMBHESHWAR UNIVERSITY OF SCIENCE & TECHNOLOGY,
HISAR
(HOSTEL STAY FORM for session 2024-25)**

Hostel : Boys Hostel 4
Name : PRASHANT YADAV
Mobile No. (Self) : 6386095266
Email : prashant91209755506@gmail.com
Father`s Name : SHAMBHU KAILASH YADAV
Father`s Mobile No. : 9453570286
Mother`s Name : SAROJ YADAV
Department : Department of Computer Science and Engineering
Course : B.TECH. (INFORMATION TECHNOLOGY)
Year : 4
Registration No. : 210010140023
Date of Birth : 26/08/2002
Category : RoHC
Permanent Address : Gram gangapur bijaura saraimeer Azamgarh Nijamabad Azamgarh Azamgarh Uttar Pradesh 276305
Visitor`s Details : Prashant yadav - 6386095266 - Azamgarh
: Prataek - 9453732245 - Azamgarh
Blood Group :
Aadhaar No. : 490938601523
Account Details
Account No : 37909318826
IFSC Code : SBIN0016713
Bank Name : STATE BANK OF INDIA
Old Residence Details (if you are an old resident of the Hostel)
Hostel : _____
Room No. : _____
Session : _____
Dues if any : _____

Paste
Your
Latest
Photograph
Here

Recommendation of Coordinator/Warden Signature

I undertake to abide by all the hostel rules and regulations of the University failing which disciplinary action may be taken against me. I will not keep iron rod/ weapon/ arms of any kind in the hostel. I will not keep and use heater/electric iron/induction etc. Further, I will vacate the hostel any time as per requirement of the University. The undertakings and consents 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 till date.

Father/Guardian`s Signature

Signature of the Applicant

Date :

Note : Please submit Medical Fitness Certificate with this application form, if you are fresh student.

CERTIFICATE FROM THE CHAIRPERSON/HEAD OF DEPARTMENT

It is recommended that Mr./Ms. PRASHANT YADAV Son/Daughter of Sh. SHAMBHU KAILASH YADAV is a bonafide student/research scholar/project fellow 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 30 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 _____. I shall also share the responsibility in case of any need by hostel administration in any emergency regarding him/her.

Date :

Chairperson

(with seal)

UNDERTAKING ABOUT RAGGING

I have read clause 7 page 11 of the University prospectus (2023-24) 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 SMOKING, 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 abuse 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/alcohol/smoking 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 ABUSE

My son/daughter has no past record of indulgence in any type of drug abuse 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



CERTIFICATE FROM THE CHAIRPERSON/HEAD OF DEPARTMENT

(For female employee only)

My son/daughter has no past record of indulgence in any type of drug abuse 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



UNDERTAKING FROM PARENTS/HUSBAND

I F/M/H of Mr./Ms is giving my consent to stay in the hostel. Further, I will share the responsibility of my ward/spouse in case of any emergency as and when required.

Signature of Parents/Husband

Date

