



GURU NANAK DEV UNIVERSITY

Amritsar, Punjab (INDIA)

Hostel Admission Form for Returning Students (Session 2022-23)

For office use only.

Hostel Name		Hostel Roll No		Hostel Room No																									
1. Name of the Applicant	ARJUN MALHOTRA	Email ID	arjun03.malhotra@gmail.com																										
2. Nationality	INDIAN	Gender	Male																										
3. Date of Birth	1/10/2002	Blood Group	A+																										
4. Student ID	2021010012673	Class	B.TECH. (COMPUTER SCIENCE & ENGG.)-3RD SEMESTER																										
5. Department	DEPARTMENT OF COMPUTER ENGINEERING AND TECHNOLOGY																												
6. Are You availing Loan From Bank	No																												
7.a) Father's Name	NAND GOPAL MALHOTRA																												
c) Address:	<table border="1"> <thead> <tr> <th colspan="2">Father's/Guardian's Address</th> <th colspan="2">Local Guardian Address</th> </tr> </thead> <tbody> <tr> <td>Address</td> <td>GALI NO. 8 MANSOORWAL DONA OPP. BAWA HOSPITAL, KAPURTHALA,</td> <td>Address</td> <td>GALI NO. 8 MANSOORWAL DONA OPP. BAWA HOSPITAL, KAPURTHALA</td> </tr> <tr> <td>City</td> <td>KAPURTHALA</td> <td>City</td> <td>KAPURTHALA</td> </tr> <tr> <td>Pincode</td> <td>144601</td> <td>Pincode</td> <td>144601</td> </tr> <tr> <td>State</td> <td>PUNJAB</td> <td>State</td> <td>PUNJAB</td> </tr> <tr> <td>Phone</td> <td>9855535609</td> <td>Phone</td> <td>9855531609</td> </tr> </tbody> </table>					Father's/Guardian's Address		Local Guardian Address		Address	GALI NO. 8 MANSOORWAL DONA OPP. BAWA HOSPITAL, KAPURTHALA,	Address	GALI NO. 8 MANSOORWAL DONA OPP. BAWA HOSPITAL, KAPURTHALA	City	KAPURTHALA	City	KAPURTHALA	Pincode	144601	Pincode	144601	State	PUNJAB	State	PUNJAB	Phone	9855535609	Phone	9855531609
Father's/Guardian's Address		Local Guardian Address																											
Address	GALI NO. 8 MANSOORWAL DONA OPP. BAWA HOSPITAL, KAPURTHALA,	Address	GALI NO. 8 MANSOORWAL DONA OPP. BAWA HOSPITAL, KAPURTHALA																										
City	KAPURTHALA	City	KAPURTHALA																										
Pincode	144601	Pincode	144601																										
State	PUNJAB	State	PUNJAB																										
Phone	9855535609	Phone	9855531609																										
d) Father's/ Guardian's Occupation	RETIRED GOVT. SCHOOL HEAD MASTER																												
e) Residence Phone No.	+919855535609																												
f) Father's /Guardian's Annual Income	480000 (In Rs.)																												
g) Shortest distance	70 (In Kms.)																												
8. Belong to Schedule Caste/Tribe?	No																												



9.	Will you keep your Motorbike/Scooter etc. in the hostel.	No	
Note: Hostel residents are strictly prohibited from keeping cars, Royal Enfield Motor Cycle or other bikes of 300cc or more engine capacity in the hostel.			
10.	Are you suffering from some chronic disease?	No	
11.	Have you resided in the Hostel in previous session 2021-22?	Yes	
Previous Hostel Name : BH1 Previous Hostel Roll No 1202 Room No. 421 Block A		Session	2021-2022
12.	Have you ever been punished for misconduct/violating the hostel rules/ indiscipline etc.?	No	
DECLARATION			
I, ARJUN MALHOTRA hereby declare that the information filled by me in this form is true, correct and complete to the best of my knowledge and shall hold myself responsible for any false entry. I have read the rules of the Hostel and have noted and understood that these rules will strictly apply on my admission and stay in the hostel and shall follow them accordingly. I shall pay the Hostel dues from time to time, as required. I will vacate the Hostel Room within a week from the last date of examination of current session.			
Date: _____		Signature of the Applicant	
I, recommend that ARJUN MALHOTRA Class B.TECH. (COMPUTER SCIENCE & ENGG.)-3RD SEMESTER be admitted to the University Hostel. He/She has paid the Departmental fees. The Department takes the responsibility of his/her good conduct and payment of dues/expenses of the hostel. He/she will be issued the Examination Roll No Slip on Production of "No Due Slip" from the hostel office.			
Date: _____		Signature, Head of Department	