



**GAUTAM BUDDHA UNIVERSITY, GAUTAM BUDDH NAGAR, GREATER NOIDA**  
**HOSTEL ACCOMMODATION FORM (2019-20)**

**HOSTEL:--**

Registration No.	Program	Year/Semester	Fee Receipt No. (Attach Photocopy)

**Personal Details (In Capital Letters)**

Name	
Gender	
Father's Name/Spouse Name	
Mother's Name	
Date Of Birth	
Blood Group	
Illness/Allergies (If any)	

**Address & Telephone Numbers (Mention all Telephone Nos. including mobile & E-Mail)**

Permanent address with telephone number (With STD code)
Mailing address with telephone number (With STD code)
(Name & address of local guardian (if any) with telephone number)
(Contact Details, In Case of emergency)

Furniture Allotted	1. Single Bed 2. Elmira 3. Book Case 4. Study Table 5. Chair 6. Fan 7. Fixtures with Tube light 8. CFL Tube light. *Cancel which is not applicable.
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Date: \_\_\_\_\_

Signature of Student \_\_\_\_\_

**For Office Use  
Warden's Report**

Date of Joining the Hostel	Name of the Hostel	Room Allotted

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

Signature & Name of the Warden \_\_\_\_\_

Date of leaving the Hostel.....

Reason for Leaving the Hostel.....

Amount to be deducted from security deposit.....

Hostel Clearance given on date .....

Warden



**I undertake to abide by the rules and regulations in effect at Gautam Buddha University Hostel, and declare that I shall:**

- (a) Never smoke and shall not encourage others to smoke in the Hostel premises.
- (b) Never consume alcohol/drug/intoxicant and shall not encourage others to do so in the Hostel premises.
- (c) Never indulge in any activity in my Hostel room that would cause disturbance to my fellow residents and other students in the University campus.
- (d) Not play games and create noise in the Hostel corridors, lawns or verandahs.
- (e) Not use coolers, heaters, restricted electric appliances and other restricted items in my room and if I do so, I shall pay penalty or charges levied for the use of such appliances.
- (f) Not damage the Hostel property and shall be liable to pay collective penalties levied on all bonafide residents of the Hostel in case of damage to the Hostel property.
- (g) Not allow guests in my Hostel room.
- (h) Pay my dues as per the schedule of payment.
- (i) Never take meals and utensils to my room or outside the dining hall.
- (j) Never deface the walls by writing or pasting papers or posters.
- (k) Follow **"NO POWERED VEHICLE POLICY"** of the University in effect. I shall ensure complete compliance of the policy in **Letter and Spirit**.
- (l) Will provide correct contact numbers of my parents'/guardians and update them whenever there is any change.
- (m) Will not demand any facility that is not provided to other residents.
- (n) Will strictly obey Hostel timings as decided by the Hostel/University administration.

I declare and undertake that if I violate any of the above mentioned conditions or get involved in any of the misconduct, I shall be liable to face any punishment decided by the Hostel/University administration, including expulsion from the Hostel/ University.

**Student Signature.....**

#### **DECLARATION BY THE PARENT / GUARDIAN**

My ward.....is seeking admission to the Gautam Buddha University Hostel. I accept responsibility for his/her good behavior and conduct in the Hostel. I shall withdraw my ward from the Hostel whenever advised by the Warden/ Provost/DSA to do so. In addition to other restricted items, I will not provide powered vehicle (two-wheeler, four-wheeler etc.) to my ward.

**Parent / Guardian Signature.....**



# Student Medical Information Form

1. Student Name.....2. Enrollment Number.....
2. Age.....4. Student Date of Birth.....5. Gender: M/F.....
6. Address .....
- .....
7. Height .....8. Weight .....
9. Mother/Guardian Name.....10. Phone.....
11. Father/Guardian Name.....12. Phone.....
13. Other Contact Name .....14. Phone.....
15. Physical Disabilities ( ) Yes ( ) No If yes, Please list.....
16. Respiratory Problem/ Asthma ( ) Yes ( ) No If yes, Please list.....
17. Vision/Hearing Problem ( ) Yes ( ) No If yes, Please list.....
18. Are You Suffering from any disease form any disease not listed above ( ) No. If Yes, Please  
list.....

.....  
(Name of the Student)

.....  
(Date)