

GAUTAM BUDDHA UNIVERSITY, GAUTAM BUDH NAGAR, GREATER NOIDA HOSTEL ACCOMMODATION FORM (2015-2016)

HOSTEL: -----

| Registration | No. | Program | Year/Seme | ester | Fee Receipt No. |
|----------------------------|------------------|------------------------|--|--------------|----------------------|
| | · | | | | (Attach Photocopy) |
| | · | | | | · · · |
| Personal Details | In Capital Lette | ers) | | | |
| Name | | | ······································ | | |
| Gender | | , | | | , ` |
| Father's Name/S | ouse Name | | | | |
| Mother's Name | | | | | |
| Date Of Birth | | | | | |
| Blood Group | | | | | |
| Illness/Allergies (If any) | | | | | • . |
| | | , | | ť | |
| | | Mention all Telepho | | g mobile & E | -Mail) |
| Permanent addre | ss with telepho | one number (With ST | D code) | • | |
| | | • | | | |
| | | | | | |
| Mailing address w | ith telephone i | number (With STD c | ode) | | |
| | | | | · | |
| (1) | 61 1 | (25) | [| | |
| (Name & address | ot local guardia | in (if any) with telep | none number) | | |
| | | | | | |
| (Contact Details, I | n Case of emer | gency) | | | |
| (Contact Details, 1 | 1 Case of effici | geney/ | | | |
| | | | | | |
| | | | | | |
| Furniture 1 | . Single Bed W | ith Mattress 2. Side | Table 3. Elmira w | ith Key 4.Bo | ok Case 5.Fan 6. |
| | - | ube 7. CFL Tube 9. St | | • | |
| | | s not applicable. | | | |
| ** | | | | | |
| D • | - | | | | |
| Date: | | For Offic | ro Heo | | Signature of Student |
| | - | Warden's | | | • |
| Date of Joining the | | Name of the Host | | R | oom Allotted |
| Hostel | | • | | | |
| • | | | | | |
| | | | . • | | |
| Data | • | • | • | Cianatura 0 | Name of the Morden |
| Date: | | | | 2ignature ø | Name of the Warden |
| Date of leaving the | Hostel | | | ***** | |
| _ | | | | • | • |
| _ | | | | | |
| 0 | • | urity deposit | | | |
| Hostel Clearance gi | ven on date | ······ | | ••••• | |

Undertaking form the Students as per the provisions of anti-ragging verdict by the Hon'ble Supreme Court

| I, Mr./Ms | | , Roll No | | | | | | |
|---|---------|-----------|--|------|--|--|--|--|
| Program: | Student | do hereby | | | | | | |
| undertake on this day | Mont | Month | | Year | | | | |
| the following with respec | | | | | | | | |
| *************************************** | | | | • | | | | |

- 1)That I have read and understood the directives of the Hon'ble Supreme Court of India on Anti- ragging and the measures proposed to taken in the above references. (Available at http://www.peopelsgroup.in)
- 2) That I understand the meaning of ragging and know that the ragging in any form is a punishable offence and the same is banned by the Court of Law.
- 3) That I have not been found or charged for my involvement in any kind of ragging in the past. However, I undertake to face disciplinary action/ legal proceedings including expulsion from the Institute if the above statement is found to be untrue or the facts are concealed, at any stage in future.
- 4) That I shall not resort to ragging in any form at any place and shall abide by the rules/laws prescribed by the Courts, Govt. of India and the Institute authorities for the purpose from time to time.

Signature of Student

I hereby fully endorse the undertaking made by child /ward.

Signature of Mother/Father and or Guardian

I undertake to abide by the rule and regulation in effect at Gautam Buddha University Hostels, 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/A.C., 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 (Please See Annexure-2). I shall ensure complete compliance of the policy in Letter and Spirit.
- (I) 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 | 1 |
| My wardis seeking admission to the University Hostel. I accept responsibility for his/her good behavior a Hostel. I shall withdraw my ward from the Hostel whenever advise Provost/DSA to do so. In addition to other restricted items, I will not be the contract of t | and conduct in the ed by the Warden/ |
| | |
| Parents / Guardian Signature | |

Student Medical Information Form

| 1. Student Name | nrollment Number. |
|--|--|
| 3. Age 4. Student Date Of Birth | 5. Gender: M/F |
| 6. Address | |
| | |
| 7. Height 8. Weight | |
| 9. Mother / Guardian Name | |
| 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 Problems () Yes () No If yes, Ple | ase list |
| 18. Are You Suffering from any disease not listed abov | e () Yes/ () No. If Yes, Please List |
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| | |
| Name of the Student) | (Date) |