

GAUTAM BUDDHA UNIVERSITY, GAUTAM BUDH NAGAR, GREATER NOIDA HOSTEL ACCOMMODATION FORM (2017-18)

HOSTEL

S. C.		HOSTEL:	***			
Buddha Uli	Registration N	No. Program	Year/Semester	Fee Receipt No. (Attach Photocopy)		
 Personal Det	ails (In Capital Le	iters)				
ame						
Gender						
Father's Name/Spouse Name						
Mother's Name						
Date Of Birth						
Blood Group						
ness/Allerg	gies (If any)					
		s (Mention all Telephone hone number (With STD	e Nos. including mobile & E-N	Mail)		
ailing addr	ess with telephon	e number (With STD cod	e)			
	ails, In Case of em	dian (if any) with telephonergency)				
urniture Ilotted	Tube 7. CFL 1	1. Single Bed With Mattress 2. Side Table 3. Elmira with Key 4.Book Case 5.Fan 6. Fixtures With Tube 7. CFL Tube 9. Study Table & Chair *Cancel which is not applicable.				
Date:				ignature of Student		
			or Office Use			
ate of lain!	ng the Hestel	Name of the H	orden's Report	Room Allotted		
Date of Joining the Hostel		ivame of the H	OSIGI	Nooni Anotted		
ate:			Signature &	Name of the Warden		
ata of lassi	ng the Hestel					
nount to b	e deducted from	security deposit				
ostel Cleara	nce given on date					

Warden

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 of		do hereby undertake
on this day	Month	Year	., the following with
respect to above subject a	ind office Order No: Dir		

- 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.

Student Signature.....

- (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.

DECLARATION BY THE PARENT / GUARDIAN
My ward
Parents / Guardian Signature

Student Medical Information Form

1. Student Name	2. Enrollment Number
3. 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	e List
16. Respiratory Problem / Asthma () Yes () No If	, Please List
17. Vision / Hearing Problem () Yes () No If Yes, Ple	ease List
18. Are You Suffering From any Disease not listed a	bove () Yes / () No. If Please list
(Name of The Student)	(Date)