

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

Hostel : Boys Hostel 3  
Name : VINAY JAIN  
Mobile No. (Self) : 9306648591  
Email : vinayjain61787@gmail.com  
Father`s Name : PARVEEN JAIN  
Father`s Mobile No. : 7988452184  
Mother`s Name : VEENA JAIN  
Department : Department of Computer Science and Engineering  
Course : B.TECH. (COMPUTER SCIENCE & ENGINEERING)  
Year : 4  
Registration No. : 210010130052  
Date of Birth : 05/10/2002  
Category : HOGC  
Permanent Address : House no 112,Gali no 3,Des RAJ Colony,Panipat, Panipat, Haryana  
Visitor`s Details : Veena jain - 9306648592 - Panipat  
: Vaibhav Jain - 9306648593 - Panipat  
Blood Group :  
Aadhaar No. : Nil  
Account Details  
Account No : 4677000100061767  
IFSC Code : PUNB0467700  
Bank Name : Punjab National Bank  
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. VINAY JAIN Son/Daughter of Sh. PARVEEN JAIN 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 (2024-25) 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 .....

