University of Education

Lahore (Campus\_\_\_\_\_\_\_\_\_\_\_\_\_)

Application Form for Allotment in the Girls Hostel

Merit No:------------------------------ List No:-------------------------------

1. DETAIL OF STUDENT

|  |  |  |
| --- | --- | --- |
| Student Name |  | Recent Student Photograph |
| CNIC |  |
| Degree Program |  |
| Semester |  |
| Session |  |
| Shift |  |
| Roll No./ Reg. No. |  |
| Blood Group |  |
| Email address |  | |
| Contact number |  | |
| Alternate number |  | |
| Permanent address |  | |

1. FAMILY DETAIL

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Father / Guardian Name |  | | Picture (Father / Guardian) | |
| CNIC (Father / Guardian) |  | |
| Contact No. (Mob) |  | |
| Occupation |  | |
| Email address |  | |
| Postal Address |  | | | |
| Permanent Address |  | | | |
| Mother Name |  | Picture (Mother)  (Not compulsory) | |
| CNIC |  |
| Contact No. (Mob) |  |
| Signature |  |
| Occupation |  |
| Email address |  | | |
| Permanent Address |  | | |

|  |  |  |
| --- | --- | --- |
| Emergency Contacts/Local Guardian (01) | | |
| Name |  | Recent Picture |
| Relation |  |
| CNIC |  |
| Contact No. (Mobile) |  |
| Signature |  |
| Email address |  |
| Permanent Address |  | |
| Emergency Contacts/Local Guardian (02) | | |
| Name |  | Recent Picture |
| Relation |  |
| CNIC |  |
| Contact No. (Mobile) |  |
| Signature |  |
| Email address |  |
| Permanent Address |  | |
| Visitor 1  (Who can visit the boarder (approved by parents) in specified time described by hostel management) | | |
| Name |  | Recent Picture (of Visitor 1 signed by the parents) |
| Relation |  |
| CNIC |  |
| Contact No.(Mobile) |  |
| Signature |  |
| Occupation |  |
| Permanent Address |  | |
| Visitor 2 | | |
| Name |  | Recent Picture (of Visitor 2 signed by the parents) |
| Relation |  |
| CNIC |  |
| Contact No.(Mobile) |  |
| Signature |  |
| Occupation |  |
| Permanent Address |  | |
| Visitor 3 | | |
| Name |  | Recent Picture (of Visitor 3 signed by the parents) |
| Relation |  |
| CNIC |  |
| Contact No.(Mobile) |  |
| Signature |  |
| Occupation |  |
| Permanent Address |  | |

No medical facility will be provided to student from University Hostel. Student and family have to ensure her medical fitness and facility on their own in case of emergency.

Signature of Father/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR OFFICE USE ONLY

ID card/ Registration No. of Boarder \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Admission\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Dues deposited \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room No. Allotment \_\_\_\_\_\_\_\_\_\_\_\_

SUPERINTENDENT WARDEN/ PRINCIPAL

Girls Hostel Girls Hostel

University of Education University of Education

Lahore Lahore

Undertaking

I…………………………………………………..D/O……….…………………………………, CNIC………………………………………, Department of……………………………………, Session………………………………………………, Semester…………………………,

and Roll No./ Registration No. ……………………………………

1. I undertake that I have read the hostel rules and regulations (available in PDF at [www.ue.edu.pk](http://www.ue.edu.pk) ) carefully and will abide by them. In case of any violation, hostel management have the right to take disciplinary action accordingly and the responsibility lies upon the undersigned and consequences will be accepted by me and my parents.
2. Do not have any contagious/chronic disease/illness at the time of hostel admission (medical fitness certificate attached). If so I am liable to provide the detail of illness and treatment history. Concealing the facts should be taken as serious misconduct with immediate hostel allotment cancellation.
3. Have no association with any student organization and political party. If I will be found to have any such association or to be involved in any such type of activity, the hostel authority will have the right of immediate hostel allotment cancellation.
4. Will abide by all the discipline/mess/university rules and will not commit any violation, if so hostel authority has the right to immediately cancel my allotment without prior intimation.
5. Will neither accommodate/invite any day scholar inside hostel nor keep any of his belongings with me.
6. Shall vacate my room at the end of academic year.
7. The information given in this form is true to my knowledge and in case of any change in given information in future I will intimate the management timely, otherwise, it may be treated as concealment of facts.

Signature of Father/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check List:

1. Student picture (Three)
2. Attested student CNIC Copy
3. Attested parents CNIC copy & parents picture
4. Pictures of emergency contact/local guardian
5. Pictures of Visitor 1, 2 &3
6. Medical fitness certificate from DHQ/ well reputed private/ government hospital.
7. University fee voucher

Note:

1. In case any picture, or CNIC, or signature is missing it is considered as defaulter data and those applications will not be entertained.