

GIRLS HOSTEL
GGG Indraprastha University
 Dwarka, New Delhi-110078

APPLICATION FORM

2015-2016 Session

(ALL ENTRIES MUST BE MADE IN
CAPITAL LETTERS)

Affix your latest
passport size
photograph
here

1. Name of Student Ms./Mrs
2. Nationality
3. Date of Birth
4. Enrolment No.
5. Course & University School of Study.....
6. a) Date of Joining University
- b) Date of Joining the Hostel
7. Category (Delhi, Outside Delhi and
SC/ST/PH/DEF GEN)
8. Name of Parents : Father
- Mother
- E-mail ID.....
9. Present Address of the Parents :

OFFICE

RESIDENCE

.....
.....
.....
Tel No.	Tel No.
Mobile	Mobile

10. **To be filled by the Office** : Allotted Room No.

*In case of change in Residential Address of parents during the session :

(Signature of Warden)

11. Undertaking by the Parents

Ihereby declare that
Shri/Km. is my ward.
I nominate Shri /Mrs. the relevant
information about whom is furnished below, as his/her local guardian. If my ward Shri / Km
..... vioates any rules or regulations
of the Hostel, disciplinary action may be taken against him/her in accordance with the
disciplinary rules of the University.

Name & address of Local Guardians (Mandatory)

OFFICE

RESIDENCE

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.....

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Tel No.

Tel No.

Email ID

Email ID

ii)

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Tel No.

Tel No.

Email ID

Email ID

12. Contact Address in case of Emergency :

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Tel No.

Mobile No.

13. Mobile No. of the Student Email ID.....

14. Medical certificate : Attached / Not Attached (As given in Appendix II A & B)

15. Extra Curricular Activities

I _____ have read the hostel rules & agree to follow the hostel rules.

(Signature of Student)

I undertake that the information give by my ward is true & he /she will abide by the hostel rules.

Date:

(Signature of Parents)

MEDICAL FITNESS FORM

(to be submitted at the time of Interview/Admission)
(2015-2016 Session)

Name of Student Ms./Mrs

D/o

Age..... Sex : Marital Status

R/o

.....

Name, Address and Phone No. of Family Doctor

.....

Have you ever been diagnosed with Diabetes/Hypertension/Sleeping disorder/Anorexia/Tuberculosis/
Asthma/Epilepsy or any Psychiatric illness? Yes / No

If yes, provide details of treatment taken and Name and Address of the Doctor

.....

Are you HIV positive? Yes / No

Are you Hepatitis B Positive? Yes / No

Are you suffering from any category of Skin Disease?

If yes, please specify

Are you suffering from any heart disease? Yes / No

Are you suffering from any disease which may require sudden emergency treatment? Yes / No

If yes, please mention the line of treatment it may require

Are you suffering from any fear / Phobia. If yes, please specify

Other than above any other medical information you want to give. (Attach a separate sheet)

All the mentioned details have to be duly certified by a qualified medical practitioner (Allopathy)

registered by DMC/State Medical council

* Strike whichever is not applicable.

Use in original

PTO

MEDICAL CERTIFICATE

(to be submitted at the time of Interview/Admission)
(2015-2016 Session)

I certify that I have carefully examined Ms./Mrs.*
Daughter/Wife of Mr./Ms./Mrs*.....
whose signature is given below. Based on the examination, I certify that he/she is in good mental and physical health and is free from any physical defects, which may interfere with his/her studies including the active outdoor duties required of a professional and his/her residence in the hostel.

Visible Mark of Identification :

Blood Group :

Signature of the Candidate :

Place :

Date :

Name and Signature of the Medical Officer with Seal and Registration Number #

Strike whichever is not applicable.

To be signed by a registered Medical Practitioner holding a degree not below that of MBBS.

Use in Original

CERTIFICATE FOR AVAILING ADMISSION AGAINST PHYSICALLY HANDICAPPED QUOTA

(To be submitted at the time of Interview/Admission)
(2015-2016 Session)

Certified that Mr./Ms./Mrs.
Son/Daughter/Wife of is
physically handicapped due to and he/ she is
fit for undergoing the course(s)
.....
at Guru Gobind Singh Indraprastha University, Delhi and can be a hostel resident.

(Office Seal)

Name & Signature
The Officer-in-charge
Vocational Rehabilitation
Centre for Physically
Handicapped

Date :

HOSTEL IDENTITY CARD FORM

The Photo Should
be Attested by
the warden /
Chief Warden

1. Name Class Subject
2. Father's Name
3. Mother's Name
4. Date of Birth (Day, Month, Year).....
5. Permanent Address
.....
.....
6. Address of Parents for Correspondence (if different from above)

(Phone / Fax / E-mail) / Mobile
.....
7. Name and Address of Local Guardian

(Phone / Fax / E-mail) / Mobile
.....
8. Room No.Name of the Hostel
9. Hostel/Admission fee Receipt No..... Date.....Signature of Clerk

Signature of Hostel Warden

Signature of Chief Hostel Warden