



**Deenbandhu Chhotu Ram University of  
Science and Technology, Murthal, Sonapat - INDIA**  
( A Haryana State Government University)  
Accredited 'A' Grade by NAAC  
**HOSTEL REGISTRATION FORM FOR 2022-23**

**Important instructions for filling registration form. Ref.ID 1206**

**User: 20001001129 Sign out**

1. All \* fields are mandatory.
2. Click on respective block's Save button to save block's data.
3. After saving all block's data click on Final Submit button.
4. **After Final Submit, reference id will be auto-generated.**
5. After print user should sign and paste latest picture on reg. form.



**Student's Information**

First Name *	Middle Name	Last Name
<input type="text" value="Yash"/>	<input type="text"/>	<input type="text" value="Goyal"/>
Gender *	DOB *	Blood Group
<input type="text" value="Male"/>	<input type="text" value="12-01-2002"/>	<input type="text" value="O-"/>
Aadhar No. *	Category *	Nationality *
<input type="text" value="320623928833"/>	<input type="text" value="General"/>	<input type="text" value="Indian"/>
Are you vaccinated *	Mobile No *	E-mail ID *
<input type="text" value="Yes"/>	<input type="text" value="7240040110"/>	<input type="text" value="yash12012002@gmail.com"/>

\*If user edit any data field after saving user should again click on Save button.

**Residence Information**

Mother's Name *	Father's Name *	Residence Mobile No. *
<input type="text" value="Madhuri Goyal"/>	<input type="text" value="Narender Goyal"/>	<input type="text" value="7274987773"/>
Alternate Mobile No.	Guardian Name	Guardian Mobile No.
<input type="text" value="8824333543"/>	<input type="text" value="Chirag Goyal"/>	<input type="text" value="9882212953"/>
House No	Sector / Colony / Village *	Land Mark / Post Office
<input type="text" value="chirag general store"/>	<input type="text" value="Main market"/>	<input type="text" value="Nikhil shopping mart"/>
District *	State *	Pin Code *
<input type="text" value="Alwar"/>	<input type="text" value="Rajasthan"/>	<input type="text" value="301707"/>
Distance from residence to DCRUST campus in Kilometer only *		
<input type="text" value="250"/>		

\*If user edit any data field after saving user should again click on Save button.

Academic Information		
Institute's Name *	Programme *	Branch *
<input type="text" value="DCRUST, Murthal"/>	<input type="text" value="UG"/>	<input type="text" value="B.Tech. Computer Science and Engi"/>
Roll No. *	Year *	Semester *
<input type="text" value="20001001129"/>	<input type="text" value="Third"/>	<input type="text" value="5th"/>
<p>*If user edit any data field after saving user should again click on Save button.</p> <div><input type="button" value="Save"/></div> <div><input type="button" value="Edit"/></div>		
I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief.		
The form will not be accepted without final submission.		
The room will be allotted after physical verification of all required documents.		
Student Signature		Signature of Parent

Office use only		
Hostel No.	Room Status.	Room No.
<input type="text" value="Office use only"/>	<input type="text" value="Office use only"/>	<input type="text" value="Office use only"/>
Hostel Warden Signature	Hostel Supervisor Signature	Clerk Signature