

Submitted on _____

Form No. _____

Ambedkar-Ganguly Students' House for Women

University of Delhi Hostel Complex,
Banda Bahadur Marg, Opp. Indra Vihar, Delhi-110009

Application for Admission 2014-15

A. Particulars of the Application

Please paste recent
passport size
photograph attested
by the Head of
the Department/
Principal College

1. Name : _____
(in block letters)
2. Subject: _____ Course: _____
Years _____
3. Merit No. _____
(Law faculty students must mention exam
roll no., Rank and merit no. separately)
4. Category:

| | | | |
|------|------|------|-----|
| Gen. | S.C. | S.T. | PwD |
|------|------|------|-----|
5. Date of Birth: _____
6. Blood Group: _____
7. Father/Husband name _____
and contact address: _____

Telephone: _____
8. Mother's Name : _____
and contact address: _____

Telephone : _____
9. Delhi University Enrolment No.: _____
10. Duration of Stay in any University Hostel
(a) Name of Hostel: _____
(b) Duration of stay: from _____ to _____

List of enclosures (self attested photocopies) to be
attached :

1. Fee receipt of admission to the course.
2. Last examination mark sheet.
3. Photocopy of last examination certificate
4. Documents supporting Reserved category status
(if applicable)
5. Residence-cum-Character Certificate from the
Warden of the previous Hostel, if any.

For Office use only :

- ☐ : Re-admission ☐ 1st year
☐ 2nd year
☐ : Fresh admission 1st yr. / 2nd yr.
☐ : DSE Quota :

| |
|-------|
| E/G/S |
|-------|

☐ : Reserved Quota : SC/ST/PwD
☐ : Guest Resident
Admitted from: _____ to _____
Extension from: _____ to _____
Undertaking signed on: _____
(attach copy)

Application verified by
.....

Admitted Pending Cancelled Absent

Provost Warden/R.T.

Certificate

Certificate to be signed by the Head of the Department/Principal of College Concerned

Certified that Ms. is a bonafide, full time student of class of the college/Department/Faculty of

She is neither employed nor an ex-student.

Her position in Admission/Merit List No. I/II/III is Sr. No. and she has deposited the College/University fee for the Academic Year 2014-2015 vide Receipt No. Date

Date.....

Signature
Seal of the Department/College/Faculty

Medical Fitness Declaration

1. I declare that I am not suffering from any infectious, chronic or any other disease which makes me unfit for stay in the House.
2. In case I have any medical problem requiring any specific facility in the House the same will be indicated along with supporting documents.

Date.....

Signature of the Applicant

Declaration by the Candidate

1. The application is being made in full knowledge of my parent/husband and local guardian.
2. I hereby declare that in case I absent myself from the House for more than one month without intimation to the Hostel Authorities, the room allotted to me is liable to be vacated by the House Authorities.
3. I declare that I am not employed in any full time or part time job.
4. I have read the rules and regulations of the House contained in the Handbook of information & Rules and undertake to abide by them. I shall not plead ignorance of regulations that may be notified from time to time.
5. I vouch for the correctness of the particulars given by me in the application form, I understand that if the particulars given by me are found to be inauthentic my admission will be cancelled.
6. I also undertake to submit myself to the disciplinary jurisdiction of the Vice-Chancellor, the Provost and any other authority of the University, who may be vested with the authority to exercise discipline under the Act, the Statutes the Ordinances, including XV (B), (C) & the sexual harassment of women at workplace (prevention, and redressal) Act, 2013 (14 of 2013) and the Rules that have been framed there under by the University and the House.

Date

Signature of the Applicant

(ii)

Certificate Required

Annexure-A

(In case of Employed Parents/Husband)

Certificate from Employer of
Father/Mother/Husband of the
applicant.

1. This is to certify that Mr./Mrs.
.....
Father/Mother/Husband of Ms.
an applicant for admission to Ambedkar-
Ganguly Students' House for women,
University of Delhi is working in this office as
(designation)and
at present is posted at
.....
and his / her office address is
.....
2. Also certified that Mr./Mrs.
..... is presently
residing at
.....
3. Certified that the signature that appears below
is that of Mr./Mrs.
Father / Mother/Husband and the applicant.

.....
Signature of Father/Mother/Husband

Date

Signature
Name & address of office
with seal

Annexure-B

(In case of Self Employed Parents/Husband)

Certificate from first class Gazetted Officer
currently posted at the place of residence of the
applicant.

- This is to certify that Mr./Mrs.
.....
father/Mother/Husband of Ms.
an applicant for admission to Ambedkar-Ganguly
Students' House for Women, University of Delhi
is a person retired from service/running business,
namely.....
.....at
.....
- Also certified that Mr./Mrs.
..... is
presently residing at.....
.....
- Certified that the signature that appears below is
is that of Mr./Mrs.
..... Father/
Mother/Husband of the applicant.

.....
Signature of Father/Mother/Husband

Date

Signature
Name & address of office
with seal

Financial Guarantee and Declaration by the
Applicant's Parents/Husband

- 1. I certify that the applicant is seeking admission with my consent and that I shall be responsible for her financial liabilities at the House.
- 2. I permit my ward to avail the facility of Night Out as per House rules, at her own responsibility at the address given by her, after due intimation to the House Office.
- 3. I appoint the following two person as Local Guardians for my Ward Ms.
The local guardians may be contacted for any official purpose or emergency that may arise during her stay in the House

| Local Guardian 1 | Local Guardian II | |
|-----------------------------------|-------------------|-------|
| Name of Local Guardian | : | |
| Relationship to Candidate | : | |
| Residential Address | : | |
| | : | |
| Official Address | : | |
| | : | |
| Tel. No. Office | : | |
| Tel. No. Residence | : | |
| Mobile No. | : | |
| Signature of Local Guardian | : | |

Signature of Mother/Father/Husband

.....

Date

Name

(iv)

Acknowledgement Slip
(To be filled by the Office, AGSHW)

Received Form No. From M/s.

Received by on