



Email.....

Mobile No.....

Form No

International Students House for Women

University of Delhi, B.B. Marg, Mukherjee Nagar, Delhi-110009



APPLICATION FORM 2026-2027

Admission will be for the current academic session

Instruction: All entries must be made in ink and in block letters. Incomplete application will be rejected.

Particulars of Applicant:

Name.....

Course.....Duration..... Year.....

Subject.....College/Department

Merit No.....List No.

Name of scholarship/fellowship, if any

Last Exam. Passed.....Year% of marks.....

Name of Institution..... Exam Roll No.....

Date of birth.....Place and country of birth

Tick() the appropriate box.

Category A. Foreign ☐ B. Indian ☐

A: Nationality

B: Gen ☐ SC ☐ ST ☐ Physically Challenged ☐

Have you ever been employed? If so please give details.....

Have you been resident of any other Hostel/House maintained by the University of Delhi or any of the College / Institutions?

If yes, please state the name of the Hostel.....

Duration of stay with dates.....

Any disciplinary action taken against you by the College / Department of DU / any other

Institution?.....

Name of your Bank..... Branch.....Account Number.....

For Office Use Only

Application received by..... Date of Interview.....

☐ Admitted ☐ Pending ☐ Cancelled ☐ Absent

FSR DSW Resident Tutor Warden Provost

Receipt No. Date Total Amount paid.....

Admission No..... Room Allotted

HK Cashier Of fice Incharge

Date of vacating the Room..... Signature of the Residents

* The applicant is advised to check on the House Notice Board regarding the admission short list, interview dates, admission to House etc. No individual communication will be sent.

1. Academic Record: (Details of Examinations passed-from Senior Secondary/ Intermediate onwards.) (Enclosed Attested Copies of Marks Sheet)

Examination Passed	Board / College/University	Year of passing	Main Subjects	% Marks

2. Mother's Name..... Occupation.....
- a. Residential Address (Permanent).....
- b. Residential Address (Present).....
-Phone.....E-mail
- c. Office Address (Present)
-Phone.....E-mail
3. Father's Name Occupation.....
- a. Residential Address (Permanent).....
- b. Residential Address (Present).....
-Phone.....E-mail
- c. Office Address (Present)
-Phone.....E-mail

Anti Regging Undertaking Reference no:	
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4. For Ph.D Students Only
- a. Name of the Department..... Name of the Supervisor.....
- b. Date of Last fee paid..... Receipt Number
- c. Enrolment Number..... Date of Registration / Enrolment

Signature of the Supervisor

Signature of the Head

Annexure A
DECLARATION TO BE SIGNED BY ALL RESEARCH STUDENTS

I.....hereby declare that I am a bonafide full time research student in(mention subject), working for Ph.D Degree of University of Delhi. My registration date isand I have deposited Tuition and other Fees vide Receipt No Date..... I undertake to inform the House authorities immediately if I take up employment during the tenure of my residency in the House.

Progress of the research work
.....

Signature of the Supervisor

Signature of the Student

Signature & Seal of the
Head of the Department

Annexure B
**(FOR NON-RESEARCH STUDENTS CERTIFICATE TO BE SIGNED BY THE HEAD OF THE DEPARTMENT/
INSTITUTION)**

I certify that Ms..... is a bonafide full time student ofcourse of the Department / Faculty of She is neither employed nor an ex-student.

Her position in Admission Merit List No. I/II/III is.....Her Sr. No. is.....and she has deposited the University / College Fee for the academic yearvide Receipt No.....

Dated.....

Signature & Seal of the Department / Faculty/College

Annexure C
MEDICAL FITNESS DECLARATION

- a. I declare that I am not suffering from any infectious disease
- b. In case I have any medical problem requiring any specific facility in the House, the same will be indicated along with supporting documents.
- c. My Blood Group is.....
- d. Medical Fitness Certificate From WUS Health Centre.

Signature of the Applicant

Annexure D
FINANCIAL GUARANTEE AND DECLARATION BY THE APPLICANTS GUARDIAN

1. I certify that the applicant is seeking admission with my consent and that I shall be responsible to clear all dues.
2. I may be contacted for any official purpose or emergency that may arise during her stay in the House.
3. I permit/ do not permit my ward to avail the facility of Night out as per rule, at her own responsibility, at the address entered by her in the Night Leave Register after due intimation to the House Office.

Name of Local Guardian.....

Relationship with Candidate

Residential Address.....Phone

Office AddressPhone

E-mail.....

Signature of Local Guardian

Annexure E
CERTIFICATE FROM EMPLOYER OF FATHER / MOTHER OF THE APPLICANT

This is to certify that Mr. / Mrs. the Father / Mother of Ms. an applicant for admission to International 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
Mr. / Mrs. is presently residing at

Date

Signature

Note: In case both the parents are employed, two separate certificates from their respective offices are to be submitted.

(IN CASE OF SELF EMPLOYED PARENTS)
CERTIFICATE FROM FIRST CLASS GAZETTED OFFICER CURRENTLY POSTED AT THE PLACE OF RESIDENCE OF THE PARENTS

Mr. / Mrs. Father / Mother of Ms. an applicant for admission to International Students House for Women, University of Delhi is presently residing at

Date

Signature
Name & Office Address with seal

Annexure F
(For category A)

(a) Nationality (b) Date of arrival to India (c) Probable date of departure
(d) Passport No. (e) Place & Date of Issue (f) Expiry Date
(g) Visa No. (h) Date of Issue (i) Expiry Date

Recommendation of Foreign Student's Advisor, University of Delhi

Signature & Stamp

Recommendation of the concerned Embassy

Name of the recommending authority

Designation Name & Office Address with seal

You are requested to provide below details of the person who may be contacted in case of need (person from Embassy/ High Commission of the applicant's country or any other person).

(a) Name (b) Phone no. (c) Designation / Relation
(d) Phone (Work) (e) Postal Address
(f) Fax, (g) E-mail

Documents to be attached:

(1) Two Photographs (2) Enclosed Attested Copies of Marks Sheet (Last examination passed) (3) Date of Birth Certificate (4) Certificate from employer of Father / Mother of the Applicant (5) Address Proof (6) Foreign Student's Advisor, University of Delhi Certificate (7) Fees Receipt (8) Photocopy of Passport (9) Photocopy of Visa (10) Two anti-ragging certificate/s from self and local guardian/parents regarding anti-ragging rules (11) Self attested photocopy of Medical Coverage (Certificate) from your Country or from India (12) Medical fitness certificate. (13) ICCR bonafide certificate

Declaration by applicant

1. I declare that my Guardian does not reside in Delhi/ New Delhi.
2. I hereby declare that in case I absent myself from the House for more than 7 days without informing the House Management the room allotted to me is liable to be double locked and vacated by the House Management.
3. I declare that I am not employed anywhere full time or part-time.
4. I declare that I am not ex-student.
5. I have read the rules and regulations of the House contained in the Bulletin of Information and undertake to abide by them.
6. I shall not plead ignorance of regulations that may be notified from time to time.
7. I vouch for the correctness of the particulars given by me in the application form. I understand that if the information given by me is found to be untrue my admission may stands cancelled.
8. I also undertake to submit myself to the disciplinary jurisdiction of the Vice-Chancellor, the Provost and other authority of the University who may be vested with the authority to exercise discipline under the Act, the Statutes, the Ordinance including ordinance XV (B0, XV © and XV (D) page No. 33-39 and the Rules have been framed there under by University and the House.

I certify that the above information is correct and nothing has been concealed or withheld. In case, any information is found to be untrue at any time, strict disciplinary action may be taken against me.

Date Place

Signature of Applicant