

Form-2(Admission form only to be filled by the selected candidates after the display of merit/selection list)

Form No.....



**ARAVALI POST GRADUATE MEN'S HOSTEL
UNIVERSITY OF DELHI SOUTH CAMPUS,
NEW DELHI-110021**

Application Form for Admission for Session

Admission No..... Room Allotted.....

(Below to be filled by the candidate)

Draft No..... Amount.....

Date..... Bank

Please Paste
Your Passport
Size Photograph
&
Enclose one
More photo with
this form

- Instructions: 1. Please use capital letters while completing the form.
2. Incomplete forms will not be considered.
3. Incorrect information may cause cancellation of admission.
4. The admission if granted will be valid for the current academic session only

CATEGORY FOR WHICH THE APPLICATION MAY BE ACCEPTED

Course..... Semester/Year..... Department.....

Category (Tick one) GEN ☐ SC ☐ ST ☐ OTHER ☐
(Support with duly attested Document)

Last Exam, Passed..... Marks (in %).....
(Support with duly attested Document)

(i) Name (in capital).....

(ii) Nationality..... (iii) Date of Birth.....

(iv) Marital Status: Married ☐ Single ☐

(v) Academic Status: PG Student ☐ Research Student ☐

(vi) Correspondence Address.....

(vii) Permanent Address.....

.....Aadhar No.....

Mobile/Phone:e-mail:

(viii) Educational Qualification

Examination(s) Passed	Year	University	Subject	Marks Obtained	Total Marks	%Marks/ Grade
M, Phil M.A/M.Sc./ MBA/M.Com/LLM BBA/LLB B.A/B.Sc./ B. Com. Others						

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Form-1 (Application for admission)

(ix) Have you been resident of other Hostel maintained by the University of Delhi or any of its College or Institution? Yes/No.....

If yes, please state name of the hostel and duration of stay.....

(x) Details of Scholarship/Fellowship.....

(xi) Are you employed, if yes, please give details.....

(xii) Would you use your own PC/Lap Top in hostel: Yes / No

(xiii) **Parents Details:**

Father's Name..... Designation.....

Mother's Name..... Designation.....

Residential Address.....

Official Address

Phone No. (Residence): Office:

(xiv) **For Foreign Students Only**

(a) Nationality..... Date of arrival in India.....

(b) Passport No..... Place & Date of issue.....

(c) Date of Issue of Visa..... Valid up to

(d) Place of last stay, if any, in India.....

Recommendations of the Foreign Students Advisors

Signature
(Foreign Students Advisor)

(xv) **Declaration by the Applicant:**

(1) I declare that the entries given above are correct and that I undertake to inform the authority in writing of any change in any of the particulars given above as and when they occur.

(2) I have carefully read the rules and regulations governing the admission and residence in the Aravali Post Graduate Men's Hostel, University of Delhi, South campus, and I agree to abide by the same and all such rules and regulations as may hereinafter be made in this regard. I know that any violation of the rules and regulations will disqualify me from continued membership of the hostel and I may be asked to leave the hostel forthwith.

(3) I also undertake to submit myself to the disciplinary jurisdiction of the Vice-Chancellor, Provost, Warden and other authorities of the University, who may be vested with authority to exercise discipline under the Act, Statutes, Ordinances and Rules that have been framed there under or may hereafter be framed.

(4) I also undertake to vacate the room on or before the expiry of the academic year.

(5) I declare that my parents do not reside in Delhi.

I certify that the information furnished above is true to the best of my knowledge and belief and nothing has been concealed thereof, in case, any incorrect/wrong information found at any time, strict disciplinary action may be taken against me.

Date.....

Place.....

Signature of the Applicant

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(Annexure-A)

DECLARATION TO BE SIGNED BY RESEARCH STUDENTS

I,hereby declare that I am a bonafide full time research student in.....(mention subject), working for the M. Phil/Ph. D. degree of University of Delhi. My registration date is..... and I have deposited tuition and other fees vide receipt No. dated..... If, take up employment during the tenure of my residency in the hostel, I undertake to inform the hostel authorities about it immediately. Progress of the research work.....

Signature of the Supervisor

Signature of the Research Student

(Annexure- B)

**NON-RESEARCH STUDENTS
CERTIFICATE OF THE HEAD OF THE INSTITUTION**

This is certified that Mr..... S/o..... is a bonafide student of Department of and pursuing (class and course) and his admission to the Aravali Post Graduate Men's Hostel is recommended. He is neither employed nor ex-student. His position in Admission/Merit/List No. is I/II/III..... at Sr. No..... and he has deposited the University fee for the academic year..... vide Receipt No.....

Date.....

Signature
Head of the Institution with Seal

(Annexure C)

FINANCIAL GUARANTEE AND DECLARATION BY THE APPLICANT'S LOCAL GUARDIAN

1. I certify that the applicant is seeking admission with my consent and that I shall be responsible for his financial liabilities in the hostel. In case, the resident leaves the hostel without payment of any dues, I will be personally responsible to clear all dues.
2. I may be contacted for any official purpose or emergency that may arise during his stay in the hostel.

Name of the Local Guardian.....
Relationship with Candidate..... The Parents Relationship with.....
Residential Address..... Phone No.....
Official Address.....
Phone No:

Signature of Local Guardian

Signature of Parent

Form No.

(Annexure-D)

MEDICAL FITNESS DECLARATION

1. I declare that I am not suffering from any infection, chronic or any other disease, which make me, unfit for stay in the hostel.
2. In case I have any medical problem requiring any specific facility in the hostel, the same is indicated along with supporting document.
3. My Blood Group is

Signature of the Applicant

MEDICAL CERTIFICATE

(To be filled in by Medical Officer of the University Health Centre or Any other Medical Officer of the Rank not below that of the Civil Surgeon), after proper check up of the student.

This is to certify that I have examined Mr.

S/o Shree.....on

and have found him medically fit for stay in the University Hostel.

Signature of the Doctor
WUS Health Centre UDSC

Date:

With Rubber Stamp and Designation

The Foreign students are also required to produce the Medical Certificate from the National Institute of Communicable Disease, 22 Sham Nath Marg, Delhi –110054, in terms of letter No. F-14/6/86/8-ESII dated the 20th April 1987, from the Ministry of Human Resource Development, Department of Education, Govt. of India, New Delhi.

Note: Optional for students seeking readmission.

Admitted / Not Admitted

Resident Tutor

Warden

Cashier

Section Officer

Provost

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Check list: The following documents are required to attach while submitting this form:

1. Xerox Copy of **Marks Sheet**
2. Two Copies of Passport Size Photo
2. Attested Xerox Copy of **Caste Certificate**
3. **One Xerox copy each from (i) and (ii) :-** (i) Domicile Certificate/Passport/Voter I-Card/
Ration Card, and (ii) Current Telephone/Electricity Bill/Water Bill
4. Xerox copy of **Admission Fee Receipts**
6. Please read carefully the handbook of information for detailed instructions.

-----X-----X-----X-----

Form No.....

**ARAVALI POST GRADUATE MEN'S HOSTEL
University of Delhi South campus**

(To be filled in by the Office)

Received an application from Mr..... student of
Department

Date.....

Signature.....