

S. NoAllotted Room No.....

BOY'S HOSTEL
GGs Indraprastha University
 Dwarka, Sec-16C, New Delhi-110078
Hostel Application Form
 For the Academic Year 2024-2025
 (ALL ENTRIES MUST BE MADE IN
 CAPITAL LETTERS)



1. Name of Student Ms./Mrs.....
2. Nationality.....
3. Date of Birth.....
4. Enrolment No.
5. Programme & 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/DEFGEN)
8. Name of Parents : Father.....

Mother.....

9. Present Address of the Parents :

OFFICE

RESIDENCE

.....

.....

TelNo.....

TelNo.....

Mobile _____

Mobile

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

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

Residence :.....

Tel• Email ID •

(Signature of Warden)

11. Undertaking by the Parents

I hereby 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
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)

ii)

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Tel No.

Tel No.

Email ID.

Email ID.

11.b) I, Father / Mother of
certify that the above information are correct.

11.c) Foreign students are required TC submit approved local Guardians address from Director, International Affairs of
GGs Indraprastha University.

12. Contact Address in case of Emergency:

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.....
.....

Tel No.....

Mobile No.

13. Mobile No. of the Student

14. Email ID of the Student

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

16. Extra Curricular Activities

(Signature of Student)

(Signature of Parents)

Date:

HOSTEL IDENTITY CARD FORM
(to be filled by the student) 2024-2025)

<p>The Photo Should be Attested by the warden / Chief Warden</p>
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1. Name Class..... Subject.....
2. Father's Name
1. Mother's Name
2. Date of Birth (Day, Month, Year)
3. Permanent Address
.....
.....
4. Address of Parents for Correspondence (if different from above) (Phone / Fax / E-mail) / Mobile.....
.....
5. Name and Address of Local Guardian
(Phone / Fax / E-mail) / Mobile
6. Room No.....Name of the Hostel.....
7. Hostel/Admission fee Receipt No Date..... Signature of Clerk

Signature of Hostel Warden

Signature of Chief Warden

MEDICAL FITNESS FORM
(to be submitted at the time of Interview/Admission)
(2024-2025 Session)

Name of Student Ms./Mrs.....

s/o

Age.....Sex:..... Marital Status.....

.....

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 (Alopathy)

registered by DMC/State Medical council

*** Strikewhichever is not applicable.**

Use in original

MEDICAL CERTIFICATE
(to be submitted at the time of Interview/Admission)
(2024-2025 Session)

I certify that I have carefully examined Ms./Mrs:"

Son/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)
(2024-2025 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)

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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:

