



# Guru Gobind Singh Indraprastha University

## ARAVALI BOYS HOSTEL

Sector 16-C, Dwarka, New Delhi-110078

DATE- 25-09-2023

### SECOND LIST OF HOSTEL ALLOTMENT FOR THE SESSION 2023-24

The following students are required to appear in Warden Office of Aravali Boys Hostel *in persons* with parents/ Local guardian for Hostel Admission for academic session 2023-24 between 02:00 PM to 5:00 PM from September 26, 2023 to October 04, 2023.

Hostel fees required to deposit by three separates Demand Draft at Hostel Office at the time of admission:

- 1- 1<sup>st</sup> Demand Draft of Rs. 35,000 /-(Rupees Thirty Five Thousand only) in favor of "Registrar, G.G.S.Indraprastha University" payable in Delhi
- 2- 2<sup>nd</sup> Demand Draft of Rs.36000/- (Rupees Thirty Six Thousand only) in favor of "Aravali Boys Hostel Mess Account" payable in Delhi.
- 3- 3<sup>rd</sup> Demand Draft of Rs.4000/- (Rupees Four Thousand only) in favor of "Aravali Boys Hostel Welfare Account" payable in Delhi

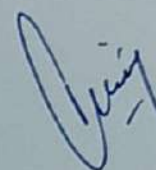
The following documents are required to produce at the time of Admission in Hostel:

1. Three Passport size Photograph.
2. Residence Proof (Electricity Bill/ Adhar Card/ Voter ID card).
3. Medical Certificate.
4. Original Admission/ Reporting Slip/ fees Slip
5. Self Attested Mark Sheet of 12<sup>th</sup> / Graduation.
6. Copy of antiragging form of Parents and Students (**available on website [www.antiragging.in](http://www.antiragging.in)**)

The provisional hostel allotments are subjected to verification of all the relevant documents mentioned in hostel admission brochure 2023-2024.

The Shortlisted Students are advised to read Hostel Admission Brochure available on the University Website ( <http://www.ipu.ac.in/hostels.php> ) for details rule governing Hostel Residency.

SL NO.	NAME	FATHER'S NAME	ENROLMENT NO.	COURSE	CATEGORY
1	SHREYANSH SINGH	AJAY KUMAR SINGH	NA	B.TECH(ECE)	ODGEN
2	AKSHAY KUMAR	RAJEEV KUMAR	NA	B.TECH(ECE)	ODSC
3	AYUSH TRIPATHI	SAKET KUMAR TRIPATHI	NA	B.TECH(ECE)	ODGEN
4	PRASHANT PRASAD CHAUHAN	SHALIK RAM	04116101422	B.TECH (CE)	ODGEN
5	ANKIT KUMAR	SUJEET KUMAR	NA	B.TECH (CE)	ODGEN
6	ADARSH YADAV	NIWAS YADAV	NA	B.TECH (CE)	ODGEN
7	SHIVAM	MUKESH KUMAR	06816403222	B.TECH (CSE)	ODGEN
8	MAMGLAM SINHA	SANJAY KUMAR	NA	B.TECH (IT)	ODGEN
9	SUMAN KUMAR ROY	MOHAN RAI	NA	B.TECH (CSE)	ODGEN
10	ABHINAV KUMAR JAISWAL	OM PRAKASH JAISWAL	NA	B.TECH (ECE)	ODGEN
11	ANURAG ROY	GAUTAM KUMAR ROY	NA	B.TECH (ECE)	ODGEN
12	PRAFUL DHAKDE	DURGADAS DHAKDE	NA	MCA (SE)	ODGEN
13	KUNDAN PATIDAR	PUSHKAR PATIDAR	NA	MCA (SE)	ODGEN
14	ARYAN	GOPI KANT MISHRA	NA	B.TECH (CE)	ODGEN

 25 Sept 2023  
Vinay Shah

Warden, Aravali Boys Hostel

Copy to:-

1. In charge, UITS to Pl upload on the university website.
2. Aravali Boys Hostel notice board.
3. All concerned.
4. Guard File.

**MEDICAL FITNESS FORM**  
(to be submitted at the time of Interview/Admission)  
(2023-2024 Session)

Name of Student Mr. ....

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 (Allopathy)**

**registered by DMC/State Medical council**

**\* Strike whichever is not applicable.**

**Use in original**

**MEDICAL CERTIFICATE**  
**(to be submitted at the time of Interview/Admission)**  
**(2023-2024 Session)**

I certify that I have carefully examined Mr/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**

S. No .....Allotted Room No.....

**BOY'S HOSTEL**  
**GGs Indraprastha University**  
 Dwarka, Sec-16C, New Delhi-110078  
**Hostel Application Form**  
 For the Academic Year 2023-2024  
 (ALLETRIESMUSTBEMADEIN  
 CAPITALLETTERS)



1. Name of Student Mr. ....
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.....  
 SCST/PH/DEFGEN)
8. Name of Parents : Father .....

Mother .....

9. Present Address of the Parents :

OFFICE

RESIDENCE

.....

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.....

.....

.....

.....

Tel No.....

Tel No.....

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**

.....  
.....  
.....

.....  
.....  
.....

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:

.....  
.....  
.....

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)  
Date:

(Signature of Parents)

**HOSTEL IDENTITY CARD FORM**  
**(to be filled by the student) 2023-24**

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

Signature of Hostel Warden

Signature of Chief Warden

**CERTIFICATE FOR AVAILING ADMISSION AGAINST PHYSICALLY  
HANDICAPPED QUOTA**

**(To be submitted at the time of Interview/Admission)  
(2023-2024 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) .....  
.....

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:

**\* Note: Use photocopy of this Form**