



UNIVERSITY COLLEGE OF MEDICAL SCIENCES & GTB HOSPITAL
Dilshad Garden, Delhi-110095.



APPLICATION FOR HOSTEL ADMISSION

- * INCOMPLETE APPLICATIONS WILL BE REJECTED
- * ALL ENTRIES MUST BE IN CAPITAL LETTERS
- * ATTACH PROOF OF PRESENT ADDRESS



1. Name of student
2. Father's Name
 - (a) Occupation
 - (b) Office Address
 - (c) Telephone: Mobile.....Residence.....Office
 - (d) Email Address
3. Mother's Name
4. Address :
 - (a) Present
 -
 - (b) Permanent
 -
5. Local Guardian
 - (a) Name
 - (b) Address
 - (c) Telephone: Mobile.....Residence.....Office
6. Date of Birth
7. Nationality

8. Academic Record (Senior Secondary Examination onwards)

| S.No. | Examination Passed | University/ Board | Year of Passing | % Marks obtained |
|----------|--------------------|-------------------|-----------------|------------------|
| Hr. Sec. | | | | |
| B.Sc. | | | | |
| Others | | | | |

9. Scholarship/ Prizes/ Distinctions obtained
-
10. Year of admission in the college
11. Class in which studying at present
12. Have you ever stayed in an hostel, give details

| Name of the Hostel | Year of joining | Year of leaving |
|--------------------|-----------------|-----------------|
| | | |
| | | |

13. Vegetarian / Non-vegetarian
14. Any history of prolonged illness in the past
15. Any other information you may like to give including hobbies and extra curricular activities
-

DECLARATION

I declare that all above entries are correct. I have read the prospectus of the college. I agree to abide by the rules and regulations given herein and all such other rules and regulations which may thereafter be made by the University or College authorities, I further undertake to inform the Hostel Office in writing of any change of address mentioned above.

Date:..... Student: Parent: Guardian

Name..... Name..... Name.....

Signature..... Signature..... S i g n a -
ture.....

(FOR OFFICE USE ONLY)

APPLICATION FORM: ACCEPTED / REJECTED

Room No. Allotted on.....

Hostel Fee paid on

Dealing Assistant

WARDEN

UNIVERSITY COLLEGE OF MEDICAL SCIENCES & GTB HOSPITAL, DELHI
(BOY'S/GIRL'S HOSTEL)

UNDERTAKING BY THE PARENT/GUARDIAN

1. I

Father/ Mother/ Guardian of

Resident of

.....

have carefully read and fully understood the Rules & Regulations of the Hostel,UGC/MCI Regulations prohibiting Ragging and the directions of the Honourable Supreme Court in this regard.

2. I assure you that my son/ daughter

- will not indulge in any behavior or act that may come under the definition of Ragging or indiscipline in the Hostel.
- will not participate in or propagate Ragging or Indiscipline in the Hostel.
- will not hurt anyone physically or psychologically or cause any other harm.
- shall not indulge in any kind of Intoxication in the Hostel.

3. I hereby agree that if found guilty of any aspect of Ragging or Indiscipline, he/she may be punished as per the provisions of the Regulations and/ or as per the law in force including expulsion from the Hostel.

Signed this on (day).....(month).....(year).....

Signature

Name in full

Room No.

Mobile Telephone No.

UNIVERSITY COLLEGE OF MEDICAL SCIENCES & GTB HOSPITAL, DELHI
(BOY'S/GIRL'S HOSTEL)

UNDERTAKING BY THE STUDENTS RESIDING IN HOSTELS

1. I

S/o/ Mr./ Mrs.

Resident of

.....

have carefully read and fully understood the Rules & Regulations of the Hostel,UGC/MCI Regulations prohibiting Ragging and the directions of the Honourable Supreme Court in this regard.

2. I hereby undertake that
- I will not indulge in any behavior or act that may come under the definition of Ragging or Indiscipline in the Hostel.
 - I will not participate in or propagate Ragging or Indiscipline in the Hostel.
 - I will not hurt anyone physically or psychologically or cause any other harm.
 - I will not indulge in any kind of Intoxication in the Hostel.
3. I hereby agree that if found guilty of any aspect, I may be punished as per the provisions of the Regulations and/ or as per the law in force including expulsion from the Hostel.

Signed this on (day).....(month).....(year).....

Signature

Name in full

Address

Mobile Telephone No.