

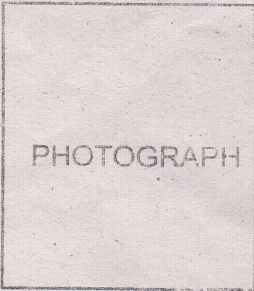


# Swami Vivekanand Boy's Hostel

## Guru Ghasidas Vishwavidyalaya, Bilaspur (C.G.)

### FORM A ADMISSION

SESSION \_\_\_\_\_



ALL DETAILS TO BE GIVEN IN BLOCK LETTERS  
INCOMPLETE FORM IN ANY RESPECT WILL NOT BE CONSIDERED

1. Name \_\_\_\_\_ Mob. No./e-mail ID \_\_\_\_\_

2. Class \_\_\_\_\_ Sem/Year \_\_\_\_\_ Branch \_\_\_\_\_ Roll No. \_\_\_\_\_

3. Date of Birth 

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Room No. : \_\_\_\_\_

Admission Reg.S.No. \_\_\_\_\_

Page No. \_\_\_\_\_

4. Last Exam (Qualifying) \_\_\_\_\_  
Year \_\_\_\_\_

5. Board/College/University : \_\_\_\_\_

| S.No. | Main Subject            | Max.Marks | Marks Obtained | Percentage |
|-------|-------------------------|-----------|----------------|------------|
| (i)   | High School/ Equivalent |           |                |            |
| (ii)  | Intermediate /(10+2)    |           |                |            |
| (iii) | Graduation              |           |                |            |
| (iv)  | Post-gaduation          |           |                |            |
| (v)   |                         |           |                |            |
| (vi)  |                         |           |                |            |

Eligibility Category (Gen/SC/ST/OBC/Sports/Foreign Student/Handicapped) To be filed in by the applicant

Under Section "Criteria for Admission"

Category

(Attach attested copies of relevant certificates)

6. Permanent Address \_\_\_\_\_  
\_\_\_\_\_ Pin No. \_\_\_\_\_

7. (A) Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Office Address \_\_\_\_\_ Mob./Tel.No. \_\_\_\_\_  
Designation \_\_\_\_\_ Income (Per Month) \_\_\_\_\_

(B) Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Office Address \_\_\_\_\_ Mob./Tel.No. \_\_\_\_\_

Designation \_\_\_\_\_ Income (Per Month) Rs. \_\_\_\_\_

Signature of Candidate

**DECLARATION BY THE PARENT/LOCAL GUARDIAN**

I, \_\_\_\_\_ F/o/ M/o/ G/o \_\_\_\_\_

do undertake that I shall be responsible for the conduct and behaviour of my ward \_\_\_\_\_ during his stay in the hostel and he will not be involved in any act of indiscipline. I also undertake to pay all his hostel dues for the entire period of the educational and all his personal expenses during his period of stay.

Signature of the Parent/Local Guardian

**FOR OFFICE USE ONLY**

Mr. \_\_\_\_\_ is recommended for admission in the Hostel. Fees Chalan can be issued.

**Warden (Admission In-Charge)**

Hostel Fee Rs. \_\_\_\_\_ is deposited by chalan number \_\_\_\_\_ dated \_\_\_\_\_

Name entered into Attendance Register of the Hostel.

Office Clerk

Administrative Warden  
Boy's Hostel



# Swami Vivekanand Boy's Hostel

## Guru Ghasidas Vishwavidyalaya, Bilaspur (C.G.)

### FORM B

ALL ENTERIES ARE TO BE MADE IN BLOCK LETTER  
SESSION \_\_\_\_\_

### DECLARATION BY THE CANDIDATE

I ..... S/o ..... declare that

1. All the filled entires are correct & true
2. No criminal case is pending against me and I have never been expelled /rusticated from any educational institutional or convicted by a court of Law.
3. I shall abide by the rules and regulations laid by the Hostel authorities from time to time.

1. A. Name of Student \_\_\_\_\_ Mob.No./e-mail ID \_\_\_\_\_  
B. Signature \_\_\_\_\_  
C. Date \_\_\_\_\_
2. A. Name of Parent \_\_\_\_\_  
B. Tel.No. (Office) \_\_\_\_\_ Mob./Tel.No. (Residence) \_\_\_\_\_  
C. Address for Communication . \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
PIN \_\_\_\_\_

Signature of the Candidate

### DECLARATION BY THE LOCAL GUARDIAN

I \_\_\_\_\_ the Local Guardian of \_\_\_\_\_

undertake to take charge of pay all dues within the stipulated period on behalf of my ward as and when communcated by t Hostel authorities.

- B. Relationship with ward \_\_\_\_\_
- C. Name \_\_\_\_\_
- D. Office Address with Designation \_\_\_\_\_  
\_\_\_\_\_

Contd...4...

- E. Residential Address \_\_\_\_\_  
 \_\_\_\_\_ PIN \_\_\_\_\_
- F. Tel. No. (Office) \_\_\_\_\_ Mob./Tel No. (Residence) \_\_\_\_\_
- G. Date \_\_\_\_\_

\_\_\_\_\_  
 Signature of the Local Guardian

### ADMISSION VERIFICATION CERTIFICATE

Mr. \_\_\_\_\_ has been admitted to (Name of the course and semester) \_\_\_\_\_ in the department of \_\_\_\_\_ as a regular student in the session \_\_\_\_\_ the duration of the course is of \_\_\_\_\_ semesters.

\_\_\_\_\_  
 Head of the Department

Signature & Seal

**Note : - Please Attach Photocopy of following documents**

- Character Certificate from the institution last attended
- High School Certificate (10th) Exam Marksheet
- Higher Secondary School Certificate (12th) Exam Marksheet
- Graduation Certificate (for PG students)
- Domicile Certificate
- Caste Certificate (If under reserved category)
- Medical fitness Certificate

## UNDERTAKING BY PARENT/GUARDIAN FOR MEDICAL ISSUES

I \_\_\_\_\_ parent/guardian of \_\_\_\_\_  
hereby declare that in case of any medical needs of my son/ward I fully authorize the hostel/  
university authorities to take decision and act accordingly. I will not raise any objection on the  
decision taken by them. I also commit that I or any authorized person by me will reach to the  
hostel to take charge of my son/ward within 24 hours of intimation of any medical issue related  
to my son/ward. In case of any expenses occurred for providing medical facilities to my son, I  
will make full payment within oneweek.

Date \_\_\_\_\_

Name & Signature \_\_\_\_\_

Signed in the presence of \_\_\_\_\_

(Warden Admission In-charge)

## MEDICAL FITNESS FORMAT (From University Medical Officer)

This is to certify that Mr. \_\_\_\_\_ (Warden/Adm) is medically fit to stay in the  
hostel. He is not suffering from any Infectious disease..

University Doctor  
Signature & Seal