CENTRAL UNIVERSITY OF RAJASTHAN

Bandarsindri, NH-8, Tehsil- Kishangarh, District- Ajmer-305817

HOSTEL ACCOMMODATION FORM

Accommodation Type:	Shared/Single	Building No:	
			Paste Recent
Instructions:			Passport Size
1. Fill the form in CAPIT	Photograph		

- 2. Two (2) passport-size color photograph, one should be pasted on the given block.
- 3. Enclose the photocopy(s) of fee receipts.
- 4. Enclose Fitness certificate (Govt. health center) which should clearly mention that the candidate is not suffering /or does not have history of following-Communicable/infectious Decease, Physical Disease/Mental Disorder, Asthma etc.
- 5. Character certificate from the previous institution where the student was studying.
- 6. Photocopy of Antiragging affidavit by student and parent.

STUDENT PARTICULARS

NAME:	ENROLMENT No.: ((If Allotted)			
PROGRAMME:	SESSION: 2020	SEMESTER:			
SEX: Male / Female [Please Tick]	PERSONAL CONTACT NUMBER:				
DATE OF BIRTH:	NATIONALITY:				
CATEGORY: GEN[]SC[]ST[]C	OBC []				
WHETHER: PWD [] WARD OF EX S WARD OF DEFENSE P		II [] KASHMIRI MIGRANT []			
MARITAL STATUS: MARRIED [] UN	NMARRIED []				
BLOOD GROUP:EM	AIL (IF ANY):				
MEDICAL ILLNESS (IF ANY):					
ANY ONE PHOTO IDENTITY PROOF:	: (ADHAAR CARD/ VOTER ID. / LICENCE	E NO/ etc.)			
FATHER'S NAME:		(Mobile No.)			
MOTHER'S NAME:		(Mobile No.)			
COMPLETE PERMANENT ADDRESS	(With PIN Code):				
RES PHONE NO:					

	NAME:	RELATIONSHIP:			
	RES. PHONE NO:	OFFICE NO:	MOBILE NO.:		
	ADDRESS:				
		DECLARATION			
	I	son/ daughter of Shri			
	hereby declare that all the particulars given by me above are correct to the best of my knowledge as belief. I am aware of the code of conduct for students residing in halls of residence (hostels) and I sha abide by these, failing which disciplinary action may be taken against me.				
	(Signature of Applicant)		(Signature of Parent/ Guardian)		
			Contact No.:		
	VERIFI	CATION FROM DEPARTMENT			
	Above facts of the applicants hav for hostel admission.	e been verified and found corr	rect. Application is recommended		
	Date		(Signature & Seal of HOD)		
ISSUED INVENTORY ITEMS IN ROOM					
	 BED MATTRESS STUDY TABLE (with key) STEEL ALMIRAH (SINGLE/ 	5) CEILING FA 6) TUBE LIGH 7) STUDY CHA IN-BUILT/SHARED) WITH KE	T, LAMP AIR		
FOR OFFICE USE ONLY (ALLOTMENT DETAIL)					
	ALLOTTED BUILDING NO HOSTEL FEE RECEIPT NO.: Remark (if any)	DEPOSITED AN			
	LDC				

Signature of Warden Signature of Chief Warden