



**ARAVALI POST GRADUATE MEN'S HOSTEL  
UNIVERSITY OF DELHI SOUTH CAMPUS, NEW DELHI-110 021**

**APPLICATION FORM FOR THE YEAR.....**

Bank draft no.....Amount Rs..... Bank .....

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For official use only

Form No. .... Registration No.....Room allotted.....

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- Instructions:**
- 1. Please use capital letters while completing the form.**
  - 2. Incomplete forms will not be considered.**
  - 3. Incorrect Information may cause cancellation of admission.**
  - 4. The admission , if granted will be valid for the current academic session only.**

**CATEGORY FOR WHICH THE APPLICATION IS ACCEPTED**

Course..... Year..... Department .....

Category (Tick one )                      Gen                      SC                      ST                      OTHER  
(Support with dully attested document)

Last exam passed.....                      Marks % .....

(Support with dully attested document)

- (i) Name(In capitals) .....
- (ii) Father's name .....(iii) Mother's name .....
- (iv) Nationality.....(v) Date of Birth .....
- (vi) Marital Status..... Married/Unmarried ....(vii) Academic Status...PG Student/Research Student
- (viii) Correspondence Address.....  
.....Phone No.....
- Permanent Address.....  
.....Phone no. ....

**(x) Educational Qualifications:(Attach self attested copies of certificates)**

| Examination (s) Passed    | Year | University | Subject | Marks Obtained | Total Marks | % Marks/ Grade |
|---------------------------|------|------------|---------|----------------|-------------|----------------|
| M. Phil                   |      |            |         |                |             |                |
| M.A. /M. Sc.              |      |            |         |                |             |                |
| M.B.A./M.Com.             |      |            |         |                |             |                |
| B.A./B.Sc./B.Tech./B.Com. |      |            |         |                |             |                |
| Others                    |      |            |         |                |             |                |

- (xi) Have you been resident of other hostel maintained by the university of Delhi or any of its college or institutions?    Yes/no.....
- If yes, please state name of the hostel(s) and duration of stay .....
- (xii) Details of scholarship/Fellowship.....
- (xiii) Are you employed, if yes, please give details.....

(xiv) Would you use your own PC in the Hostel.....Yes/No.....

**(xv) Father's Details:**

Name:..... Occupation/Designation.....  
Residential Address.....  
..... Phone No.....  
Official Address..... Phone No.....

**(xvi) Guardian's Details:**

Name:.....Occupation/Designation.....  
Residential Address.....  
..... Phone No.....  
Official Address..... Phone No.....

**(xvii) For Ph. D. / M. Phil students only:**

Name of the department ..... Name of the Supervisor.....  
Date of last payment of Fee..... Enrolment / Reg. date & No.....  
(Photo copy of receipt to be attached )  
Topic of research.....

**(xviii) For Foreign Students only:**

Nationality..... Date of arrival in India.....  
Passport no..... Place & date of Issue.....  
Date of Issue of Visa..... Valid up to.....  
Place of last stay, if any, in India.....

**(xix) Declaration by the Applicant:**

- (a) I declare that the entries given above are correct and that I undertake to inform the authority in writing of any change, if any of the particulars given above as and when they occur.
- (b) I have carefully read the rules and regulations governing the admission and residence in the Aravali Post Graduate Men's Hostel , University of Delhi, South campus and I agree to abide by the same and all such rules and regulations as may be hereinafter be made in this regard. I know that any violation of the rules and regulations will disqualify me from continued membership of the hotel and I may be asked to leave the hostel forthwith.
- (c) I also undertake to submit myself to the disciplinary jurisdiction of the Vice Chancellor, Provost, Warden and other authorities of the University , who may be vested with authority to exercise discipline under the act, statutes, Ordinances and rules that have been framed there under or may hereafter be framed.
- (d) I also undertake to vacate the room on or before the expiry of the academic year.
- (e) I declare that my parents do not reside in Delhi.

I certify that the information furnished above is true to the best of my knowledge and belief and nothing has been concealed thereof , in case , any incorrect/wrong information found at any time , strict disciplinary action can be taken against me.

Date: .....  
Place: .....

Signature of Applicant

FOR OFFICE USE ONLY

Admitted/ Not Admitted

Resident Tutor

Warden

Cashier

Section Officer

**Provost**

**(Annexure 'A')**

**DECLARATION TO BE SIGNED BY RESEARCH STUDENTS**

I, ..... hereby declare that I am a bonafied full time research student in subject.....working for the M. Phil./ Ph. D . degree of University of Delhi. My registration date is ..... and I have deposited tuition and other fees vide receipt no..... dated..... . If I take up employment during the tenure of my residency in the hostel, I undertake to inform the hostel authorities about it immediately. Progress of the research work .....

Signature of the Supervisor

Signature of the Student

**Signature of the Head of the Department with official seal**

**(Annexure 'B')**

**NON-RESEARCH STUDENTS  
CERTIFICATE OF THE HEAD OF THE INSTITUTION**

This is certified that Mr. ....S/o .....is a bonafied student of department of ..... and pursuing ..... (class and course) and his admission to the Aravali Post Graduate Men’s Hostel is recommended. He is neither employed nor ex-student. His position in Admission/ Merit list no I/II/III ..... is sl. no..... an he has deposited the University fee for the Academic Year ..... vide receipt no.....

Date:.....

Signature  
Head of the Institution with Seal

**(Annexure 'C')**

**FINANCIAL GUARENTEE AND DECLARATION BY THE APPLICANT 'S  
LOCAL GUARDIAN**

1. I certify that the applicant is seeking admission with my consent and that I shall be responsible for his financial liabilities in the hostel. In case, the resident leaves the hostel without payment of any dues , I will be personally responsible to clear all dues.
2. I may be contacted for any official purpose or emergency that may arise during his stay in hostel.  
Name of the local Guardian .....  
Relationship with candidate.....  
Residential Address.....  
..... Phone No.....  
Official Address.....  
..... Phone No.....

Signature of Local Guardian

Signature of Guardians

(Annexure 'D')

**RECOMMENDATIONS OF THE FOREIGN STUDENTS ADVISORS**  
(FOR FOREIGN STUDENTS ONLY, ATTACH SEPARATE SHEET, IF REQUIRED)

Signature  
(Foreign Students Advisor)

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(Annexure 'E')

**MEDICAL FITNESS DECLARATION**

1. I, declare that I am not suffering from any infection, chronic or any other disease, which make me unfit for stay in the hostel.
2. In case I have any medical problem requiring any specific facility in the hostel, the same is indicated along with supporting document.
3. My blood group is.....

Signature of the Applicant

**MEDICAL CERTIFICATE**

(To be filled in by Medical officer of the University Health Center or any other Medical Officer of the rank not below that of the civil surgeon, after proper check up of the student)

This is to certify that I have examined Mr..... S/o Shri.....  
on ..... and have found him medically fit/unfit for stay in the University  
Hostel.

Signature of the Doctor  
With rubber stamp and designation

Date:.....

The foreign students are also required to produce the medical certificate form the National Institute of Communicable Disease , 22 Sham Nath Marg, Delhi-110054, in terms of letter no. F-14/6/86/8 -ESII dated 20<sup>th</sup> April 1987, from the Ministry of Human Resources Development , department of Education, Government of India, New Delhi.