

झारखण्ड केन्द्रीय विश्वविद्यालय

रांची, चेरी मनातू-83522

CENTRAL UNIVERSITY OF JHRKHAND

Ranchi, Cheri Manatu-83522

HOSTEL ACCOMMODATION FORM FOR NEW ALLOTMENT

Accommodation Type: Triple/Double/Single occupancy **Hostel Name**.....

Instructions:

- All entries are to be filled in ink/ball point pen by the candidate in English/Hindi, in case of English please use CAPITAL LETTERS
- The Application must be accompanied by 2 Photographs and self-attested copies of the following certificates.
 - Fee receipt of admission to the Course
 - Date of Birth Certificate (10th Class Certificate).
 - Self-attested mark sheet of last examination passed
 - Documents supporting reserved category status (Self-attested).
 - Permanent Residence Certificate/Domicile Certificate of the applicant from an appropriate Magistrate/Resident Commissioner/Authority.
 - fitness certificate (Govt. health Centre) which should clearly mention that the candidate is not suffering from Communicable/infectious disease, Asthma or any other disease which may require emergency critical care.
 - copy of any one of following i) Voter I Card ii) Passport iii) Aadhaar Card
- Incomplete forms will not be considered
- Furnishing incorrect information will lead to cancellation of admission to the Hostel and other disciplinary action as may deemed fit by the university
- Attach Photocopy of Anti-ragging affidavit by student and parent.

Paste a recent
photograph attested
by HOD

STUDENT PARTICULARS

NAME:

ENROLMENT No.:

PROGRAMME (WITH SUBJECT)

SESSION: 20__-20

SEMESTER:

NORMALISED SCORE OBTAINED IN ENTRANCE EXAM.:

SEX: Male / Female [Please Tick]

PERSONAL CONTACT NUMBER:

DATE OF BIRTH:

NATIONALITY:

CATEGORY: GEN [] SC [] ST [] OBC [] EWS []

WHETHER: PWD [] WARD OF EX SERVICE MAN [] KASHMIRI MIGRANT [] WARD OF DEFENSE PERSONNEL []

MARITAL STATUS: MARRIED [] UNMARRIED []

BLOOD GROUP:

EMAIL:

MEDICAL ILLNESS (IF ANY):

FATHER'S NAME:

(Mobile No.)

MOTHER'S NAME:

(Mobile No.)

COMPLETE PERMANENT ADDRESS (With PIN Code):

RES. PHONE NO:

ADDL MOBILE NO. (IF any):

PERSON TO CONTACT IN CASE OF EMERGENCY

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 and belief. I am aware of the code of conduct for students residing in halls of residence (hostels) and I shall abide by these, failing which disciplinary action may be taken against me.

(Signature of Applicant)

(Signature of Parent/ Guardian)

Contact No.:

VERIFICATION FROM DEPARTMENT

Above facts of the applicants have been verified and found correct. Forwarded application is not beyond the quota allowed to the department/ program. Application is recommended for hostel admission.

Date

(Signature & Seal of HOD)

ISSUED INVENTORY ITEMS IN ROOM PLEASE MENTION

Signature of Applicant

FOR OFFICE USE ONLY (ALLOTMENT DETAIL)

ALLOTTED HOSTEL

ROOM NO:

DATE OF ALLOTMENT:

HOSTEL FEE RECEIPT NO.:

DEPOSITED AMOUNT:

Remark (if any)

Signature of Warden

Signature of Admin Warden