

झारखण्ड केन्द्रीय विश्वविद्यालय
ब्राम्बे राँची-835205
CENTRAL UNIVERSITY OF JHARKHAND
Brambe, Ranchi, -835205

HOSTEL ACCOMMODATION FORM FOR NEW ALLOTMENT

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

Instructions:

1. 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
2. The Application must be accompanied by 2 Photographs and self-attested copies of the following certificates.
 - a. Fee receipt of admission to the Course
 - b. Date of Birth Certificate (10th Class Certificate).
 - c. Self-attested mark sheet of last examination passed
 - d. Documents supporting reserved category status (Self-attested).
 - e. Permanent Residence Certificate/Domicile Certificate of the applicant from an appropriate Magistrate/Resident Commissioner/Authority.
 - f. 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.
 - i. copy of any one of following i) Voter I Card ii) Passport iii) Aadhaar Card
3. Incomplete forms will not be considered
4. Furnishing incorrect information will lead to cancellation of admission to the Hostel and other disciplinary action as may deemed fit by the university
5. 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