Dr. B. R. Ambedkar University of Social Sciences, Dr. Ambedkar Nagar (Mhow) M.P.

APPLICATION FORM FOR ACCOMMODATION IN HOSTEL

Name of the Course:

Enrollment No:

Date of Admission:

Please Affix the Recent Passport Size Photograph

1**. Name of the Student:** 2**. Father/Guardian**

3 Sex **4.Date of Birth** **5. Category**

6. Any Disability **7.Nationality** **8.Domicial State**

9. Area of Residence Rural | Urban **10.Adhar Card No**

11. Voter Id No **12. Annual Income**

13. If Fellowship is Awarded: Name of Fellowship **Year of Award**

14. Permanent Address	**15 Address for Communication**	**16 Local Guardian's Address**
Name Address Mobile No email	Name Address Mobile No & email	Name Address Mobile No & email

17. Distance of the University from your present place of residence (in km)

UNDERTAKING

I the undersigned declare & undertake that the information given above is true to the best of my knowledge. If at any point of time the information found to be falls then I will be held responsible for it. I also undertake that if accommodation allotted to me in any Hostel of the University then I will abide to the rules and regulations of the hostel and maintain discipline. I am aware that violation of rules and regulation, misbehavior, and any act against the University norms can lead to my expelment from the hostel without giving any prior notice.

Date Place Signature

For Office Use Only

1. Checked and verified the eligibility for allotment of accommodation in the hostel as per the Hostel norms.
2. The accommodation is available in ----------hostel. Hence Room No_____ in the hostel can be allotted.

Hostel Manager Hostel Warden

Approval of the Competent Authority

Registrar Vice-Chancellor

Hostel Caution Money & Fee for the Duration form----------to---------- Rs.has been deposited vide Receipt No----------dated---------- hence allotted Room No_____in Hostel----------