

KRISHNA HOSTEL IANKI DEVI MEMORIAL COLLEGE

UNIVERSITY OF DELHI

For Fresh Admission
For Re-Admission

SIR GANGA RAM HOSPITAL MARG, NEW DELHI-110060

	i	
EODM NO		RECENT
FORM NO		PHOTOGRAPH OF
		THE APPLICANT
COURSE		ATTESTED BY
COURSE		PRINCIPAL OF THE
		COLLEGE
INSTRUCTIONS		

Admission Form for session (for 1st / IInd / IIIrd year)

- All entries are to be filled in ink/ ball-point pen by the candidate in English/ Hindi. 1.
- 2. The Application must be accompanied by Photographs and attested copies of the following certificates.
 - Fee receipt of admission to the course in original.
 - b. Self-attested mark-sheet of last examination passed.
 - Documents supporting reserved category status attested by Gazetted/Class I Officer, if applicable.
 - Document supporting admission under sports quota/ ECA by competent authority.
 - Permanent Residence Certificate of parents/ husband as specified in the information bulletin.
 - Anti-ragging undertaking by student and parents (Annexures I & II).
 - Undertaking by student and parents (Annexures III and IV).
 - Certificate from employer of father/ mother/ husband in service (Annexure A). In case of self-employed parents/ husband, certificate from a First Class Gazetted Officer currently posted at the place of residence of the applicant (Annexure B).
- 3. Incomplete forms will not be considered.
- Furnishing incorrect information will lead to cancellation of admission to the hostel.
- 5. The admission will be valid for the current academic session only.

APPLICANT'S DETAILS

Name (in block letters)					
	.University of Delhi Enrollment No				
	. Year (I/ II/ III)				
	trance)				
Examination last passedYear of passing					
Name of examination board					
Marks obtained out of total marksMarks (%)					
Best of three/ four subjects (basis of admission) (%)					
	%)				

Category	(Ticl	k the applicable or	ne)									
UR		SC		ST		Ol	3C			PMSSS		
Foreign		SPORTS /ECA		PwD		CA	V					
Scholars	hip av	vailing, if any										
Amount	of Sch	nolarshin										
		•										
Permane	nt resi	idential address										
							••••					
Address	for co	rrespondence					••••	•••••				
						Telepho	ne i	10	• • • • • •			
Mother's	office	e address										
	•••••			•••••		Telepho	ne 1	10	•••••	•••••		
			C	FDTIL	TC A	ATE FR	\mathbf{O}	л СС	\ T 1	I FCF		
			C.	LKIII	ICA	ALL FR	UN	n CC	<i>J</i> L.	LEGE		
Certified	l that N	As					••••	•••••	•••••	•••••		is a bonafide, full time
student o	f			clas	s of th	ne	•••••		•••••	•••••		College/
Departm	ent		•••••	She	is ne	ither emplo	yeo	d nor is	s an	ex-studen	t.	
Her posit	tion in	Admission list/ M	erit list	no. I/II/II	I/IV/	V is					her b	pest of four (basis of admission)
is	•••••			and	she h	as deposite	d th	e colle	ege i	fee for the	acad	emic year 2018-19 vide Receip
no				date	ed							
Date												
Signature	e of th	e Prinicipal of Col	lege/ Ho	oD/Direc	tor-C	CIC						
Name												
Seal												

ONLY FOR FOREIGN STUDENTS

1.	Recommendation of the Foreign Students' Advisor, University of Delhi. Foreign Students' Advisor
	Name
	Signature with official seal
2.	Recommendation of the concerned Embassy
	Name of the recommending authority
	Designation
	Signature with official seal
M	EDICAL FITNESS DECLARATION
1.	I declare that I am not suffering from any infectious, chronic or any other disease which makes 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 documents.
	Signature of the applicant
Na dat	addition to the above medical declaration, foreign students are also required to produce a Medical Certificate from the tional Institute of Communicable Diseases, 22 Sham Nath Marg, Delhi -110054 as per terms of Letter No. F-14-686ESII ted 20 th April 1987, from the Human Resource Development, Department of Education, Government of India, and New Ilhi.
	FINANCIAL GUARANTEE AND DECLARATION BY PARENTS/HUSBAND (Please tick as applicable)
1.	I certify that the applicant is seeking admission with my consent and that I shall be responsible for her financial liabilities to the hostel.
2.	I permit/ do not permit my ward to avail the facility of night out as per hostel rules, at her/ my risk and responsibility, at the local guardian/s address/es provided below, duly approved by me/ us, after due permission from the concerned hostel authority.
3.	I permit/ do not permit my ward to avail the facility of late night till 10.00 pm, as per hostel rules, at her/ my risk and responsibility after obtaining due permission from the concerned hostel authority.
4.	I shall be responsible for payment of fees in time. In case I fail to do so, the hostel is free to take legal action against me.
5.	I appoint the following two persons as local guardians* for my ward Ms
Lo	cal Guardian 1
Na	me
Re	sidential address
Of	ficial address
Te	l. no. of residenceTel. no. of Office
Sig	gnature of local guardian
1.	Icertify that all above information given by me is true & correct in best of my belief. Any thing found wrong action will be taken as per law and my ward condidature will be cancelled.

2. I shall take away my ward for treatment in case she is ill as early as possible whenever informed by Hostel Authority.

Loc	cal Guardian 2
Nar	ne
Res	idential address
Off	icial address
Tel.	no. of residenceTel. no. of Office
Sig	nature of local guardian
Dat	e
Sig	nature of Father/Mother/Husband
Nar	ne
1.	Icertify that all above information given by me is true & correct in best of my belief. Any thing found wrong action will be taken as per law and my ward condidature will be cancelled.
2.	I shall take away my ward for treatment in case she is ill as early as possible whenever informed by Hostel Authority.
	ease note that the local guardians may be contacted for any official purpose or emergency that may arise during her stay in hostel. No student can be a Local Guardian.
	DECLARATION BY THE CANDIDATE (Please tick as applicable)
1.	This application is being made in full knowledge of my parents/ husband and local guardian.
2.	I declare that my parents/ husband do/ does not reside in National Capital Territory of Delhi and within a radius of 70 kms from Delhi.
3.	I hereby declare that in case I absent myself from the hostel for more than a month without prior permission/intimation to the Hostel authorities, the room allocated to me is liable to get vacated by the Hostel authorities.
4.	I declare that I am neither employed nor doing any paid job anywhere, full or part time.
5.	I am not an ex-student.
6.	I have read the rules and regulations of the hostel contained in the Information Bulletin and undertake to abide by them. I shall not plead ignorance of regulations that may be notified from time to time.
7.	I vouch for the correctness of the particulars given by me in the application form. I understand that in case particulars given by me are found to be inauthentic, my admission will be cancelled.
8.	I declare that I do not possess a Ration card/or my name has not been included in any Ration card in the National Capital Territory.
9.	I hereby declare that I shall be responsible for any kind of theft/ fire in my room.
10.	I undertake to inform the authorities, in writing, any change in any of the particulars given above as and when they occur.
	I also undertake to submit myself to the disciplinary jurisdiction of the Vice-Chancellor, Proctor, Provost/Principal and other authorities of the University who may be vested with the authority to exercise discipline under the Act, the Statutes, the Ordinances, including ORDINANCE XV (B), (C) and Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act 2013, and the rules that have been framed thereunder by the University and the Hostel.
11.	I also understand that the Provost/Principal is the final authority in all matters.
	Date
	Place Signature of the applicant
Cor	ıntersigned by parents/husband
INar	ne of the signatory

ANNEXURE-A

(IN CASE OF EMPLOYED PARENTS/ HUSBAND) CERTIFICATE FROM EMPLOYER OF FATHER/ MOTHER/ HUSBAND OF THE APPLICANT

This is to certify that Mr./Mrs	Father/Mother/Husband of
Ms	an applicant for admission to Krishna Hostel, Janki Devi
	nation)and at
present is posted at	and his/her office address
is	Also
	is presently residing at
Date:	Signature
	Name & address of office with seal
Note: In case both the parents are employed, two sep	arate certificates from their respective offices are to be submitted.
	ANNEXURE-B
CERTIFICATE FROM FIRST CLASS	LOYED/ RETIRED PARENTS/ HUSBAND) GAZETTED OFFICER CURRENTLY POSTED AT THE SIDENCE OF THE APPLICANT
Mr./Mrs	Father/ Mother/ Husband of Ms an
applicant for admission to Krishna Hostel, Janki D	evi Memorial College is a person retired from service/ running business,
namely at	
	is presently residing at
Date:	Signature
	Name & address of office with seal

Note: In case both the parents are employed, two separate certificates from their respective of fices are to be submitted.

$\underline{ANNEXURE-I}$

ANTI-RAGGING UNDERTAKING BY THE STUDENT

I,			(Full name of student with	admission/registra	ition/enroli	ment number)				
D/o.	of Mr. /Mrs.	/Ms	, having been admit	, having been admitted to Krishna Hostel, Janki Devi Memorial						
Coll	ege, have rec	eived a copy of UGC	Regulations on Curbing the Menace of Rag	gging in Higher Edı	ıcation Inst	citutions, 2009				
(her	einafter called	the "Regulations"),	carefully read and fully understood the pro-	visions contained in	the said Re	egulations.				
2.	I have, in pa	articular, perused Cla	use 3 of the Regulations and am aware as to	what constitutes ra	gging.					
3.	administra	tive action that is liab	ed Clause 7 and Clause 9.1 of the Regul- ble to be taken against me in case I am for piracy to promote ragging.	•		-				
4.	I hereby so	lemnly aver and unde	rtake that:							
	(a) I will	not indulge in any bel	haviour or act that may be constituted as rag	gging under Clause	3 of the Reg	gulations.				
	` '	not participate in or a	abet or propagate through any act of comm the Regulations.	ission or omission t	hat may be	constituted as				
5.		ejudice to any other co	ilty of ragging, I am liable for punishment riminal action that may be taken against m	_		-				
6.	being foun	d guilty of, abetting	een expelled or debarred from admission i or being part of a conspiracy to promote , I am aware that my admission is liable to b	ragging: and furthe	-					
Dec	lared this	day of	month of	year.						
					Signature	of deponent				
				Name:						
			VEDIEICATION							
			VERIFICATION							
		contents of this under concealed or misstate	taking are true to the best of my knowledg d therein.	ge and no part of the	undertakir	ng is false and				
Veri	fied at	(Year)	(Place) on this the	(Day)	_of	(Month),				
				Signa	ature of dep	onent				

Name:

ANNEXURE II ANTI-RAGGING UNDERTAKING BY PARENT/ GUARDIAN

I,	Mr./Mrs./Ms.			ardian) Father/ Mother/ Guardian of				
adı	mitted to Krishna Hos			gistration/ enrolment number), having beer py of the UGC Regulations on Curbing the				
				the "Regulations"), carefully read and fully				
		s contained in the said Regul	•	,,, ,, ,, ,				
2)	I have, in particular	, perused Clause 3 of the Reg	gulations and am aware as to	what constitutes ragging.				
3)	administrative acti	I have also, in particular, perused Clause 7 and Clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/ she is found guilty of or abetting ragging actively or passively, or being part of a conspiracy to promote ragging.						
4)	I hereby solemnly a	ver and undertake that						
	a) My ward will Regulations,	not indulge in any behavi	our or act that may be co	onstituted as ragging under Clause 3 of the				
		not participate in or abet or agging under Clause 3 of the		act of commission or omission that may be				
5)		out prejudice to any other cri	- ·	punishment according to Clause 9.1 of thaken against my ward under any penal law o				
6)	account of being fo	-	eing part of a conspiracy to	dmission in any institution in the country of promote ragging; and further affirm that, is eto be cancelled.				
De	clared this	day of	month of	year.				
			Signature of	deponent				
			Name:					
			Address:					
			Telephone/M	obile No.:				
		,	VERIFICATION					
		of this undertaking are true ed or misstated therein.	to the best of my knowleds	ge and no part of the undertaking is false and				
Ve	rified at(pla	ace) on this, the(day)	of(month) _	(year).				
				Signature of deponent				

Name:

ANNEXURE III UNDERTAKING BY THE STUDENT

I,	(name of s	tudent with admission/ registrati	ion/ enrolment number) do
hereby solemnly affirm that I	shall not participate in any act of	of indiscipline that will disturb th	e peace and harmony of the
hostel, will not indulge in vanda	alism or any other action that wil	l spoil the image of the hostel and t	he College.
I fully understand that my admi	ssion is liable to be cancelled if I	indulge in such activities.	
Declared this (day)	(month) of	(year).	
		Signature of deponen	nt
		Name:	
	ANNEX UNDERTAKING B		
We	(name of father and mother)	of student), parents of	(full name of
		icipate in any act of indiscipline th	
,	•	r action that will spoil the image of	•
I fully understand that my w	ard's admission is liable to be	cancelled if she indulges in suc	ch activities. I confirm that
Mr./Ms	resident of		
Tel./Mob. No		is the authorized	l local guardian of my ward.
Declared this(day)	(month) of	(year).	
		Signature of o	deponent
		Name:	
		Address:	
		Mobile No.:	
For Office use only			
Admitted	Pending	Not admitted	Cancelled
			_
	Hostel Committee	Warden 	Provost