

Krishna Hostel Janki Devi Memorial College (University of Delhi)

Date: 11th October 2019

Hostel Admission List based on Merit

NAME	COURSE	YEAR	CATEGORY	REMARK
Akansha Bharali	B.A.(H) English	1st Yr.	UR	
Arshiya Mahajan	B.A.(H) English	Ist Yr.	UR	
Yashika Singh	B.A.(Prog)	Ist Yr.	UR	
Shruti Aggarwal	B.A.(Prog)	1st Yr.	UR	
Megha Singh Parihar	B.A.(H) History	lst Yr.	UR	
	Akansha Bharali Arshiya Mahajan Yashika Singh Shruti Aggarwal	Akansha Bharali B.A.(H) English Arshiya Mahajan B.A.(H) English Yashika Singh B.A.(Prog) Shruti Aggarwal B.A.(Prog)	Akansha Bharali B.A.(H) English Ist Yr. Arshiya Mahajan B.A.(H) English Ist Yr. Yashika Singh B.A.(Prog) Ist Yr. Shruti Aggarwal B.A.(Prog) Ist Yr.	Akansha Bharali B.A.(H) English Ist Yr. UR Arshiya Mahajan B.A.(H) English Ist Yr. UR Yashika Singh B.A.(Prog) Ist Yr. UR Shruti Aggarwal B.A.(Prog) Ist Yr. UR

Notes:

- Admissions of the list will be made on 14th, 15th of October 2019 between 10.00 a.m. to 5.00 p.m.
- 2. Please download Admission form which is available on the hostel website: www.krishnahosteljdmc.org.in and fill it up completely with all enclosements to be duly attested by the parents and Local guardians. Incomplete admission form without the sign of parents/Local Guradians will not be accepted.
- 3. Hostel fee of Rs. 67,264/- (Rs. Sixty Seven Thousand Two Hundred Sixty Four only) for one semester has to be paid at the time of admission (only after verification of documents) by DD in favor of Principal, Janki Devi Memorial college or through NEFT/RTGS. NEFT/RTGS details areas follows:

Bank Account Number: 859410 1053069

Account Name: JDMC Girls Hostel

IFSC Code: CNRB0008594



Bank Name and Branch - Canara Bank, Janki Devi Memorial College Branch

- 4. Students who are opting Air conditioned rooms will have to pay extra amount mentioned in the prospectus at the time of room allocation. (Payment mode will be DD and NEFT/RTGS only).
- 5. Remaining Hostel fee of Rs. 66,500/- (Rs. Sixty Six Thousand Five Hundred only) has to be paid Latest by 30 November, 2019.
- Rooms will be allotted from 14th October 2019.

7. Students can check-in in the hostel from 14th October 2019.

BNanke





Krishna Hostel- JDMC

(University of Delhi) Sir Ganga Ram Hospital Marg New Delhi- 110060.

Date: 05-07-19

Documents to be enclosed with Application Form:-

- 1. Three Passport size photographs.
- Applicant's Aadhar Card photo state.
- 3. Applicant's Parents Aadhar Card photo state.
- 4. Fee receipt of admission to the course in original.
- 5. Fee receipt of admission to the hostel.
- Self-attested mark sheet of last examination passed.
- 7. Medical Health Certificate.
- Documents supporting reserved category status attested by Gazetted officer/ Class I Officer, If applicable.
- Local Guardian 1 and Local Guardian 2 Aadhar Card photo state.



KRISHNA HOSTEL IANKI DEVI MEMORIAL COLLEGE

SIR GANGA RAM HOSPITAL MARG, NEW DELHI-110060

UNIVERSITY OF DELHI

For Fresh Admission
For Re-Admission

Admission Form for session _	(for 1st / IInd / IIIrd year)
FORM NO	

RECENT PHOTOGRAPH OF THE APPLICANT ATTESTED BY PRINCIPAL OF THE COLLEGE

INSTRUCTIONS

COURSE.....

- 1. All entries are to be filled in ink/ball-point pen by the candidate in English/Hindi.
- 2. The Application must be accompanied by Photographs and attested copies of the following certificates.
 - Fee receipt of admission to the course in original. a.
 - Self-attested mark-sheet of last examination passed.

Admission Form for session

- Documents supporting reserved category status attested by Gazetted/Class I Officer, if applicable.
- Document supporting admission under sports quota/ ECA by competent authority. d.
- 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.
- The admission will be valid for the current academic session only.

APPLICANT'S DETAILS

Name (in block letters)						
CourseUniversity	of Delhi Enrollment No					
College/Department						
Subject	III)					
Date of admission						
Merit list ranking (for admission through entrance)						
Examination last passed						
Name of examination board						
Marks obtained out of total marksMarks (%)						
Best of three/ four subjects (basis of admission) (%)						
Attendance (for 2 nd and 3 rd year students) (%)						

Category	(Tick	the applicable on	e)						
UR		SC		ST		OBC		PMSSS	
Foreign		SPORTS /ECA		PwD		CW			
Scholarsl	hip av	ailing, if any							
Amount	of Sch	olarship							
Date of B	irth			•••••	Nat	ionality	······		
Marital st	tatus								
Permaner	nt resi	dential address							
Father's c	office a	address							
					Tele	phone	10		
Mother's	office	address				••••••			
					Tele	phone	10		
			CE	RTIF	ICATE I	FRON	M COL	LEGE	
Certified	that M	I s							is a bonafide, full time
-						90.00			her best of four (basis of admission)
									academic year 2018-19 vide Receipt
					-				r
Date									
Signature of the Prinicipal of College/HoD/Director-CIC									
Name									

Seal.....

ONLY FOR FOREIGN STUDENTS

	ONET 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 red 20 th April 1987, from the Human Resource Development, Department of Education, Government of India, and New lhi.
	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

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.

Tel. no. of residence......Tel. no. of Office.....

Signature of local guardian.....

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

I appoint the following two persons as local guardians* for my ward Ms.....

responsibility after obtaining due permission from the concerned hostel authority.

Local Guardian 1

will be cancelled.

Lo	cal Guardian 2
Naı	me
Res	sidential address
Off	icial address
Tel	no. of residenceTel. no. of Office
Sig	nature of local guardian
Dat	te
Sig	nature of Father/Mother/Husband
Naı	me
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 o 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. 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 Capita 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
Co	untersigned by parents/husband
Naı	me 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
Memorial College is working in this office	e as (designation)
present is posted at	and his/ her office address
is	Also
certified that Mr./Mrs	is presently residing at
Date:	Signature
	Name & address of office with seal
Note: In case both the parents are employe	ed, two separate certificates from their respective offices are to be submitted.
	ANNEXURE-B
(IN CASE OF SE	LF EMPLOYED/ RETIRED PARENTS/ HUSBAND)
	CLASS GAZETTED OFFICER CURRENTLY POSTED AT THE E OF RESIDENCE OF THE APPLICANT
Mr./Mrs	Father/ Mother/ Husband of Msan
applicant for admission to Krishna Hoste	el, Janki Devi 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 offices are to be submitted.

ANNEXURE – I

ANTI-RAGGING UNDERTAKING BY THE STUDENT

I,			(Full name of student with	admission/registration/enrolment number)					
D/o.	of Mr. /I	Mrs. /Ms.		ed to Krishna Hostel, Janki Devi Memorial					
Colle	ege, have	e received a copy of UG	C Regulations on Curbing the Menace of Rag	gging in Higher Education Institutions, 2009					
2.	I have, in particular, perused Clause 3 of the Regulations and am aware as to what constitutes ragging.								
3.	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 me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.								
4.	Ihereb	y solemnly aver and und	ertake that:						
	(a) I	will not indulge in any b	ehaviour or act that may be constituted as rag	ging under Clause 3 of the Regulations.					
		will not participate in or agging under Clause 3 o		ssion or omission that may be constituted as					
5.	. I hereby affirm that, if found guilty of ragging, I am liable for punishment according to Clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.								
6.	being	found guilty of, abetting	-	any institution in the country on account of ragging: and further affirm that, in case the e cancelled.					
Decla	ared this	day of	month of	year.					
				Signature of deponent					
				Name:					
			VERIFICATION						
		the contents of this unde een concealed or misstat	ertaking are true to the best of my knowledge ted therein.	e and no part of the undertaking is false and					
		(Year)	(Place) on this the	(Day)of(Month),					
				Signature of deponent					

Name:

ANNEXURE II ANTI-RAGGING UNDERTAKING BY PARENT/ GUARDIAN

I,	Mr./N	Ars./Ms		(fu	ll name of	parent/	guardian) Father/	Mother/	Guardian of
				_(Full name of	student with	admission/	registratio	on/ enrolm	ent numbe	er), having been
									50	on Curbing the
			170			reinafter call	ed the "R	egulations	i"), careful	ly read and fully
unc	lerstoc	od the provisi	ons contained	l in the said Regu	lations.					
2)	I ha	I have, in particular, perused Clause 3 of the Regulations and am aware as to what constitutes ragging.								
3)	adn	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 he	reby solemn	ly aver and un	dertake that						
	a)	My ward v Regulations		ge in any behav	iour or act t	hat may be	constitute	ed as ragg	ing under	Clause 3 of the
	b)	72		ipate in or abet der Clause 3 of th		107-01	y act of c	commissio	n or omiss	sion that may be
5)	Reg	I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to Clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.								
6)	acc	I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.								
De	clared	this		day of	m	onth of	y	ear.		
						Signature of	of depone	ent		
						Name:				
						Address:				
						Telephone	Mobile N	No.:		
					VERIFICA	TION				
			nts of this unc	=	e to the best o	f my knowle	edge and i	no part of t	he underta	king is false and
Ver	rified a	nt(place) on this	s, the(day) of_	(month)	_ (year).		
							<u> </u>	Signa	ture of dep	onent

Name:

ANNEXURE III UNDERTAKING BY THE STUDENT

I,	(name of s	tudent with admission/ registrati	ion/ enrolment number) do
hereby solemnly affirm that l	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 vand	dalism or any other action that wil	I spoil the image of the hostel and t	he College.
I fully understand that my adm	nission 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
student) do hereby solemnly a	affirm that our ward shall not part	icipate in any act of indiscipline th	nat will disturb the peace and
harmony in the hostel, will not	t indulge in vandalism or any othe	r action that will spoil the image of	f the hostel and the College.
I fully understand that my v	ward'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