



**UNIVERSITY HOSTEL FOR WOMEN
UNIVERSITY OF DELHI
CHHATRA MARG, DELHI-110007
APPLICATION FORM FOR ADMISSION**

Form No.....

Course :

Subject :

Department

SESSION 2024-2025

Instructions:

- (i) All entries are to be filled in ink by the candidate in English/Hindi
- (ii) The application should necessarily be accompanied with self attested copies of the following certificates.
- Fee receipt of admission to the course to which admitted without which application will not be valid.
 - Self-attested Mark sheet of last examinations (All years/ Semesters) passed.
 - Documents supporting reserve category status, if applicable.
 - Residence-cum-Character Certificate from the Warden of the previous Hostel, if any.
 - Letter from BRS confirming date of registration (for Researchers)
 - Copy of Merit/Entrance List duly authenticated by the Department/Faculty.
 - Completed medical fitness certificate, self declaration to be submitted.
 - Medical Fitness certificate by competent authority.
 - Bonafide proof of residence (along with copy of AADHAR CARD OR valid proof of residence of Parents and LG)

Please paste recent
Passport size
Photograph
attested by the Head
of the Department/
Principal
of the College

Please Note :

- Incomplete forms will not be considered.
- Incorrect information may cause cancellation of application.
- The admission will be valid for current academic session only.
- The applicants are advised to check the Hostel Notice Board for interview dates, lists etc.

Name (In Block Letters).....

Course.....Year.....Subject.....Department.....

Date of Registration/Admission.....

Merit No.Entrance or Merit basis.....College/Department

Category :

General	S.C.	S.T.	Foreign	Sports	PwD	C.W
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 (Tick ✓ Appropriate Column)

CANCELLED

FOR OFFICE USE ONLY

Application received by.....Date.....Room Allotted.....

Received Rs.Vide Receipt No.DateSection Officer/Cashier

FOR ADMISSION COMMITTEE

Permitted/Pending/Cancelled/Absent

Provost

Warden

Resident Tutor

Member Residents Association

PARTICULARS OF THE APPLICANT

Name (In full).....Marital Status

NationalityDate of BirthBlood Group

Mobile No.....E-mail:

Correspondence Address

Father's/Husband's Name **Occupation:** Service/ Self-Employed (Please ✓)

Father's Office Address Tel. No. (with code).....

Mother's Name..... **Occupation:** Service/ Self-Employed (Please ✓)

Mother's Office Address Tel. No (with code).....

MEDICAL FITNESS DECLARATION

I declare that:

1. I am not suffering from any infectious, chronic or any other disease which makes me unfit for stay in the Hostel.
2. Any medical problem requiring specific facility in the Hostel has been indicated along with supporting documents.

Signature of the Applicant**FOR NON-RESEARCH STUDENTS**

Certified that Ms is a bonafide, full time student of class of the College/Department/Faculty of.....
She is neither employed nor an ex-student.

Her position in Admission/Merit List No. I/II/III is at Sr. No..... and she has deposited the College/University Fee for the Academic Year 2024-2025 vide Receipt No..... dated.....

Date.....

Name & Signature of the Head of the Departmental/Principal of College
Seal of the Department/College/Faculty

CANCELLED

I, Ms hereby declare that I am a bonafide regular research student in (mention subject and department), pursuing M.Phil/Ph.D. Degree from University of Delhi. My Registration Date is and I have deposited Tuition and other fee vide Receipt No. Dated

I further declare that:

- I am a full time student of M.Phil/Ph.D of Dept. of
- I declare that I am not employed in any College/Department of University of Delhi or of any other University/Institute as Ad-Hoc/Temporarily/ Permanent.
- If I take up employment during the tenure of my residency in the Hostel, I undertake to inform the Hostel Authorities about it immediately.

I understand that my application/admission can be cancelled at any time if information provided by me is found to be incorrect/Misleading.

Name & Signature of Supervisor

Signature of the Research Student

Date :

Name & Signature of the Head of the Department
Seal of the Department

ONLY FOR FOREIGN STUDENTS

- (i) Recommendation of the Foreign Students Advisor, University of Delhi, Delhi.

Foreign Students' Advisor

- (ii) Recommendation of the concerned Embassy :

Name of the recommending authority

Designation

ACADEMIC INFORMATION

Exam.(s) Passed	University	Year of Passing	Maximum Marks	Marks Obtained	% of Marks
B.A./B.Sc./ B.Com.					
M.A./M.Sc./ M.Com.					
M.Phil.					
Others					

Gap year, (if any) give reason.....

DURATION OF PREVIOUS STAY IN A HOSTEL OF UNIVERSITY OF DELHI

S.No.	Name of the Hostel	Name of the Course	Date(s) of Stay	Certificate Attached Yes/No	Not Applicable
1					
2					
3					

If not availed hostel while pursuing previous course from University of Delhi, give details/ address of stay during the period.....

DECLARATION BY THE CANDIDATE

1. This application is being made in full knowledge of my parent/husband and local guardian.
2. I declare that my parents/husband/family/relatives do/do not reside in Delhi.
3. I hereby declare that in case I absent myself from the hostel for more than one month without 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 time or part time in any capacity, i.e. Permanent, Temporary or on contract.
5. I am not an ex-student.
6. I have read the rules and regulations of the Hostel contained in the Bulletin of Information 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 if the particulars given by me are found to be inauthentic my admission will be cancelled.
8. I declare that in case I am found to create indiscipline and/or disturb the peace and harmony of the hostel, the room allocated to me is liable to be vacated by the Hostel authorities and my admission will be cancelled.
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 of any change in any of the particulars given above as and when they occur.
11. I also undertake to submit myself to the disciplinary jurisdiction of the Vice-Chancellor, the Provost and other authority of the University, who may be vested with authority to exercise discipline under the Act, the Statutes, the Ordinances, including Ordinance XV (B), and (C), and Sexual Harassment of women at workplace (Prevention, Prohibition and Redressal) Act, 2013 and the Rules that have been framed there under by the University and Hostel.
12. I also understand that the provost is the FINAL AUTHORITY in all matters.

Date.....

Place.....

Signature of the Applicant

RESIDENTIAL CERTIFICATE REQUIRED**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/Husband/Mother of Ms.....

an applicant to **University Hostel for Women**, University of Delhi is working in this office as (designation)..... and at present is posted at and his/her office address is

Also certified that Mr./Mrs. is presently residing at

ANNEXURE-B

(IN CASE OF SELF EMPLOYED/ RETIRED PARENTS/ HUSBAND CERTIFICATE FROM FIRST CLASS GAZETTED OFFICER CURRENTLY POSTED AT THE PLACE OF RESIDENCE OF THE APPLICANT

Mr./Mrs Father/

Husband/ Mother of Ms an applicant to **University Hostel for Women**, University of Delhi is a person retired from service /running business, namely.....at

Also certified that Mr./Mrs. is presently residing at

Date :

Signature
 Name & address of office
 with seal

Date :

Signature
 Name & address of office
 with seal

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

FINANCIAL GUARANTEE AND DECLARATION BY THE APPLICANT'S PARENT/HUSBAND/FAMILY

- I certify that the applicant is seeking admission to the hostel with my consent and that I shall be responsible for her financial liabilities of the Hostel.
- I permit my ward to avail the facilities of Night Out under Hostel rules, at her own responsibility, at the address given by her, after due intimation to the Hostel Office.
- I appoint the following two persons as Local Guardian for my Ward Ms.....**
 The local guardians may be contacted for any official purpose or emergency that may arise during her stay in the Hostel.

		Local Guardian I	Local Guardian II
Name of Local Guardian			
Residential Address*			
Official Address			
Telephone	Office		
	Residence		
Email ID			
Signature of Local Guardian (in duplicate)		1 (LG Sign)	1 (LG I Sign)
		2 (LG Sign)	2 (LG II Sign)

* Proof of LG's residential address to be enclosed.

SPECIMEN SIGNATURES (in duplicate)

Father/Husband

Mother

1.....

1.....

2.....

2.....

Parents Residential Address:

Telephone Nos.: Father/Husband..... Mother.....

Email ID: Father/Husband..... Mother.....