

GENERAL HARI SINGH NALWA GIRLS HOSTEL
SRI GURU TEGH BAHADUR KHALSA COLLEGE
UNIVERSITY OF DELHI
DELHI-110007

APPLICATION FORM FOR ADMISSION FOR THE YEAR 2025-26

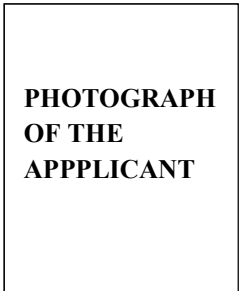
Admit No.....	Principal's Sign.....	Warden, Sign.....
Receipt No.....	Amount.....	Cashier, Sign.....

IMPORTANT

- All entries must be in capital letters.
- Immediately after the admission to the College is completed, students seeking admission in the hostel should register themselves at the hostel office. Please note that without registration, admission to the hostel will not be considered.
- Application form received after the due date will not be considered.

CLASS TO WHICH THE APPLICANT IS ADMITTED

Course.....	Year.....
Department.....	
CATEGORY (Tick One)	GENERAL SC ST <input type="checkbox"/> FR OTHER
(Support with document)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
LAST EXAM. PASSED	MARKS (in%).....
(Support with attested mark sheet)	
P.C.M./P.C.B.....	AGGREGATE.....
Note: Without mark sheet the application will not be considered for admission to the Hostel.	



1.APPLICANT DETAILS

a.NAME SURNAME

b DATE OF BIRTH
Day Month Year

c. NATIONALITY: ☐ Indian ☐ Other

d. Have you ever a resident of any other Hostel: ☐ Yes ☐ No

Name of the hostel
.....

e.Have you ever suffered from any illness? If so, When and nature of illness?
.....

2. FATHER’S/GUARDIAN’S DETAILS

a. NAME:.....
SURNAME.....

b. Occupation.....

c. Monthly Income.....

d. Residential Address.....

Phone(O).....(R).....

Cellular

LOCAL GUARDIAN’S(LG’S) NAME

e.LG’s Residential

Address:.....
.....

Phone(O).....(R).....

Cellular.....

-----DRCH Serial No.

Received from Mr./Ms.....

Receiving Assistant

Application for admission to Hostel

Sri Guru Tegh Bahadur Khalsa College

Dated.....

(Medical Certificate)

To be completed by a registered Medical Practitioner

Name.....

Age.....Height.....Weight.....

Date of the last vaccination.....

Date of the last inoculation against cholera/typhoid.....

Does the student suffer from any chronic/contagious disease? If so, nature there of
.....

Blood Group.....

Is the student susceptible to any allergy? If so, give details.....

This is to certify that I have examined Ms.....Daughter /Wife/ward
of Shri.....and found her medically fit to
stay in the hostel.

(Specimen Signature of the Student)
To be signed in the presence of
The Medical Officer

(Signature of the Medical Officer)
with full name, qualification,
Address and stamp

Date.....

In addition to the above medical fitness declaration, foreign students are also required to produce a
Medical certificate form the National Centre of Disease Control, 22 Sham NathMarg, Delhi-110054

Note:

- 1. Incomplete form will not be considered.
- 2. Change of address should be notified by the applicant to be Principal/Warden immediately.
- 3. Local Guardian is required to submit 2 Passport size photographs along with the form.

ANNEXURE B

(Undertaking)

1. I undertake that I will not smoke, take or serve alcoholic or take drugs in the Hostel premises. I also undertake that I will not keep cigarettes, alcoholic drinks or drugs etc., in my possession in the Hostel premises. I undertake to abide by all the rules and Regulation of the Hostel. I shall not plead ignorance of rules and regulations that may be notified from time to time.

In case the University Examination extant beyond 23rd May(the last date for closure of the Hostel), I will vacate the room and make my own arrangement outside.

Any violation of a rule or breach of code of conduct by me will be treated seriously any may result in my having to surrender the hostel seat.

I understand that water supply and Electricity supply is dependent on **DJB** and **NDPL** respectively and in extreme cases these may be outages which I shall bear and cooperate

(Signature of the Parents)

(Signature of the Local Guardian)

(Signature of the Student)

ANNEXURE C

(Parents/ Guardian may inform the Principal/Warden for any change in the list given below)

(VISITORS TO THE HOSTEL)

S. No.	Name	Relation	Full Address	Contact No.	Signature
1.					
2.					
3.					
4.					
5.					
6.					

Note: Student is required to submit 2 Photograph of each visitors along with the form.

(PERSONS WITH WHOM STUDENT MAY GO OUT)

S. No.	Name	Relation	Full Address	Contact No.	Signature
1.					
2.					
3.					
4.					
5.					
6.					

(Undertaking)

I undertake that I will not indulge myself in ragging and ragging related activities.

If found indulged in such malpractices then serious action [expulsion from Hostel/college or both/criminal proceedings] may be initiated against me.

-

(Signature of the Parents)

(Signature of the Local Guardian)

(Signature of the Student)

(HOME WHERE STUDENT MAY STAY FOR THE NIGHT)

S. No.	Name	Relation	Full Address	Contact No.	Signature
1.					
2.					
3.					
4.					
5.					
6.					

I may be contacted for any official purpose or emergency that may arise during her stay in the hostel.

Name of Local Guardian.....

Relation to Candidates

The Parent’s relation with the Local Guardian.....

Residential Address.....

Telephone (o).....

(Signature of the Local Gardian)

(Signature of the Parent)

ANNEXURE D

(IN CASE OF EMPLOYED PARENTS)

CERTIFICATE FROM EMPLOYER OF FATHER/MOTHER OF THE APPLICANT

This is to certify Mr./Mrs.....Father/Mother of Miss..... an applicant for admission to General Hari Singh Nalwa Girls Hostel, SGTB Khalsa College, University of Delhi is working in this office as (designation).....and at present is posted atand his/her office address isAlso certified Mr.Mrs.....is presently residing at.....

Date:.....

Signature
Name & Office Address with seal

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

ANNEXURE E

(IN CASE OF SELF EMPLOYED PARENTS)

CERTIFICATE FROM FIRST CLASS GAZETTED OFFICER CURRENTLY POSTED AT THE PLACE OF RESIDENCE OF THE PARENTS

Mr./Mrs.Father/Mother of Ms.an application for admission to General Hari Singh Nalwa Girls Hostel, SGTB Khalsa College, University of Delhi, a person retired from service/running business namely.....

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

Date:.....

Signature
Name & Office Address with seal

I certified that the above submitted information is correct and nothing has been concealed. In case, any wrong information is found at any time, strict disciplinary action may be taken against me.

Date.....Place.....

Signature of Applicant.....