





**Annexure A**

**DECLARATION TO BE SIGNED BY ALL RESEARCH STUDENTS**

I, .....hereby declare that I am a bonafide Full-time research student in .....  
(mention subject), working for the M.Phil/Ph.D. Degree of University of Delhi. My registration date is.....  
and I have deposited Tuition and other Fees vide receipt No.....dated.....if I take up  
employment during the tenure of my residency in the Hostel, I undertake to inform the Hostel authorities about it immediately.  
Progress of the research work.....

Signature of the Supervisor

Signature & Seal of the  
Head of Department

Signature of the  
Research Student

**Annexure B**

**NON-RESEARCH STUDENTS**

**CERTIFICATE TO BE SIGNED BY THE HEAD OF THE DEPARTMENT/INSTITUTION**

I certify that Mr..... is a bonafide, full time student of .....class of  
the Department/Faculty of .....He is neither employed nor an ex-student. He has paid the fee\* for  
the academic Year.....vide Receipt No.....Dated.....\* (Photocopy  
enclosed).

Dated :

Signature & Seal of the Department/ Faculty

**Annexure C**

**FINANCIAL GUARANTEE AND DECLARATION BY THE APPLICANT'S LOCAL GUARDIAN**

1. I certify that the applicant is seeking admission with my consent and I shall be responsible for his financial liabilities in the Hostel. In case the resident leaves the Hostel without payment of any dues, I shall be personally responsible to clear all dues.
2. I may be contacted for any official purpose or emergency that may arise during his stay in the Hostel.

Name of Local Guardian (L.G.).....

Relation with the Candidate.....

The Parent's Relationship with L.G.....

Residential Address.....Mobile Phone.....Landline Phone.....

Office Address.....Mobile Phone.....

Signature of Local Guardian

Signature of Parent

**Annexure D**

**FOR FOREIGN STUDENTS ONLY**

Recommendation of the concerned Embassy :.....

Name of the recommending authority.....

Designation.....

Signature & Official/Stamp

**Annexure E**  
**MEDICAL FITNESS DECLARATION**

1. I declare that I am not suffering from any infection, 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 alongwith supporting documents.
3. My Blood Group is \_\_\_\_\_

**Signature of the Applicant**

In addition to the above, foreign students are also required to produce a Medical Certificate from the National Institution of Communicable Diseases, 22 Sham Nath Marg, Delhi-110054.

**Annexure F**  
**(IN CASE OF EMPLOYED PARENTS)**

CERTIFICATE FORM EMPLOYER OF FATHER/MOTHER OF THE APPLICANT

This is to certify that Mr./Mrs.....Father/Mother of Mr.....an applicant for admission to V.K.R.V. Rao Hostel, 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.....

Date : .....

Signature

Name & Office Address with seal

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

**Annexure G**  
**(IN CASE OF SELF EMPLOYED PARENTS)**

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

Mr./Mrs. ....Father/Mother of Mr.....an applicant for admission to V.K.R.V. Rao Hostel, 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 & Office Address with seal

**5. DECLARATION BY APPLICANT :**

- a. I declare that the entries given above are correct and that I undertake to inform the authorities in writing of any change in any of the particulars given above as and when they occur.
- b. I have carefully gone through the rules and regulations governing the admission and residency in the V.K.R.V. Rao Hostel, University of Delhi, Delhi-110007 and I agree to abide by the same and all such rules and regulations as may hereinafter be framed in this regard. I know that any violation of the rules and regulations will disqualify me from residency of the Hostel and I may be asked to leave the Hostel immediately. Further, I promise to vacate the Hostel within 7 days of the completion of my final examinations/stipulated period of the programme in which I am admitted, failing which, my room may be double locked.
- c. I also undertake to submit myself to the disciplinary jurisdiction of the Vice-Chancellor, Provost, Warden, Resident Tutor and other authorities of the University who may be vested with authority to exercise discipline under the Act, Statutes, ordinances and rules that have been framed thereunder or may hereafter be framed.
- d. I also undertake to vacate the room on or before the expiry of the academic year.
- e. I declare that my Parents do not reside in 70 km radius of North Campus, Delhi University.

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

Date.....Place.....Signature of Applicant.....