Price:Rs. 30/-



# V.K.R.V. RAO HOSTEL UNIVERSITY OF DELHI DELHI-110007

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## APPLICATION FORM FOR ADMISSION FOR THE YEAR 2024-25

## IMPORTANT

- \* All correspondence in this regard should be addressed on Telephone/Fax No. 2?662634 or email provost@vkrvrao.du.ac.in
- \* All entires must be in capital letters or printed
- \* Incomplete application and erroneous information shall lead to automatic disqualification.
- \* Attach attested photocopies of the relevant documents/including work experience certificate.
- \* Last date for submitting the complete form is.....

COURSE TO WHICH THE APPLICANT IS ADMITTED	
CourseYear	
Department	
CATEGORY (Tick One) : GENERAL SC ST OTHER (Support with Document)	PHOTOGRAPH To be attested by the HOD
LAST EXAM PASSEDMONTH/YEARMARKS (in %)	
DETAILS OF ANY SCHOLARSHIP/FELLOWSHIP	
1. APPLICANTSDETAILS Email ID: Mobile N	No
<ul> <li>a. NAME Sumame Sumame</li> <li>b. DATE OF BIRTH Marital Status</li> <li>(Supported with document) Day Month Year</li> <li>c. HOBBIFS</li> </ul>	Married Single
d. NATIONALITY Indian Other	
e. Have you ever been a resident of any other Hostel/Hall maintained by the University of I or Institution? (Give details; concealing of information would lead to penal aciton)	Delhi or any of its College
(i) Name of the Hostel	
f. WORK EXPERIENCE :- Have you ever been employed, if so please give details	

Name of organisation with Address	Department	Designation	From	То	Total Period of Work Experience
1.					
2.					

# g. ACADEMIC RECORD : (Give details of examination passed from Senior Secondary/Intermedia onwards. (Enclose Attested Copies of Mark Sheets)

University Tear of Passing Prize/Distinction in Aggregate	Subjects
2. FATHER/ GUARDIAN DETAILS	
First Name Surname	
b. Occupation/Designationc. Monthly Income	
d. Residential Address (Permanent)	
Distance from North Carr	1pus Km
Phonee-mail/Fax	
e. Residential Address (Prescut)	
Distance from North Cam	ipus Km
Phonee-mail/Fax	
f. Office Address (Present)	
Phonee-mail/Fax	
3. MOTHER'S NAME :Occupation/Designation	
4. FOR Ph.D/M.Phil. STUDENTS ONLY	
a. Name of the Departmentb. Name of Supervisor	
c. Date of Last Payment of fee (Copy of Receipt to be attached)	
d. Enrolment Number	
e. Date of Registration/enrolment	
f. Topic of Research	

## Annexure A DECLARATION TO BE SIGNED BY ALL RESEARCH STUDENTS

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 the Department/Ecouth. of	bonafida full time student of	
the Department/Faculty of	toonaride, full time student of	class of
the Department/Facutly of	He is neither employed nor an ex-studen	t. He has paid the fee* for
the academic real	Dated	* (Photocopy
enclosed).	2 area	(Гногосору

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.

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 & Offical/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 along with 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 Mra							
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 atand his/								
her office address isAlso	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	sFath						ather/Mother of Mr					an applicant for	
												service/running	
namely			at	· · · · · · · · · · · · · · · · · · ·				Als	o certifie	ed that M	lr./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 <u>Tutor and other authorities of the University</u> who may be vested with authority to exercise discipline under the Act, Statues, 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. Incase, any wrong or concealed information is found at any time, strict disciplinary action may be taken against me.