Sr. No.	(for office use onl	y)

GURU JAMBHESHWAR UNIVERSITY OF SCIENCE & TECHNOLOGY, HISAR

(HOSTEL STAY FORM FOR SESSION 2023-24)

Note: All columns of this form must be clearly filled by the applicant in his/her own handwriting.

1.	Date of arrival :	
2.	Date of leaving:	
3.	Name :	Paste self
4.	Mobile No. (Self):	Attested photograph
5.	Email ID :	
6.	Aadhaar No:	
7.	Father's Name :	
8.	Father's Mobile No. :	
9.	Mother's Name:	
10.	. Mother's Mobile No.	III
11.	. Department:	7
12.	. Course:	
13.	. Semester:	
14.	. Registration No. :	
15.	. Date of Birth :	
16.	. Category: DOB:General-[] EWS-[]SC/ST	`-[]
	BC A/B-[] EBP-[] PWD [] EWS [] K.M []
17.	. State :	

18. Permanent Home Address:
19. Local Guardian Name & Address:
Local Guardian E-Mail :Mobile no
20. Blood Group:
21. Account Detail of student:-
Account No
IFSC Code-
Bank name and address
 22. a) Whether you are an old resident of the Hostel: Yes / No b) If the answer to 22 (a) is yes, give the following details: i) Hostelii) Room Noiii) Sessioniv) Dues if any
Recommendation of Coordinator/WardenSignature
23. I undertake to abide by all the hostel rules and regulations of the University
failing which disciplinary action may be taken against me. I will not keep iron
rod/ weapon/ arms of any kind in the hostel. I will not keep and use
heater/electric iron/induction etc. Further, I will vacate the hostel any time as
per requirement of the University. The undertakings and consents about not
involving in activities such as ragging, etc. are enclosed. I abide by the rules and
regulations of GJUS&T, Hisar in letter and spirit. Further, No FIR against me
in any criminal cases has been lodged fill today.
Father/Guardian's Signature Signature of the Applicant
Date:-

CERTIFICATE FROM THE CHAIRPERSON/HEAD OF DEPARTMENT

It is recommended that Mr./Ms.				_Son/Daughter	of
Sh	is	a	bonafide	student/rese	arch
scholar/project fellow of this Department and m	nay be	e adn	nitted to the	University Ho	stel.
I certify that the address of the applicant give	en al	bove	is the san	ne as given ir	the
admission form of the Department and it is not	loca	ted v	vithin 30 kı	ms. radius of I	Hisar
city. In case the applicant leaves the Department	t or hi	is/he	r name is st	ruck off on acc	ount
of non-payment of dues or other reason, I sha	ll info	orm	the Chief V	Warden. I shal	l not
issue the Roll No. of the Examination/provision					
applicant unless he/she produces a NO					
Coordinator/Warden/Dy. Chief Warden/Chief W	Varde	en. H	is/Her posit	tion in the Entr	ance
Merit List is I s					case
of any need by hostel administration in any eme	ergen	cy re	garding hir	n/her.	
XX.			de		
Date:			2	Chairperso	n
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<u>UNDERTAKING ABOUT RAGGING</u>

I have read clause 7 page 11 of the University prospectus (2022-23) regarding the direction and 'Zero Tolerance' about ragging. I pledge to abide by the directions and guidelines of Supreme Court, Government of India, UGC, State Government and Guru Jambheshwar University of Science and Technology about ragging. If at any stage of my stay in the hostel I am found involved in the incident of ragging I will accept appropriate punishment, fine or both from the university authorities & be ready to face legal action.

Signature of the applicant with date

UNDERTAKING ABOUT NON-CONSUMPTION OF SMOKING, **ALCOHOL AND DRUGS**

I pledge to abide by the directions and guidelines of Supreme Court, Government of India, State Government and Guru Jambheshwar University of Science and Technology about abuse of drugs and alcohol in the University campus. If at any stage of my stay in the University and hostels, I am found under the influence, possession or consumption of Drugs/alcohol/smoking I will accept appropriate punishment, fine or both from the university authorities & be ready to face legal action. RUNIVERS

Signature of the applicant with date

UNDERTAKING FROM PARENTS ABOUT ALCOHOL AND DRUGS **ABUSE**

My son/daughter has no past record of indulgence in any type of drug abuse or consumption of alcohol. I fully take the responsibility that he/she will continue to maintain non indulgence in drugs and alcohol throughout his/her stay in the University and hostel. If at any stage of his/her stay in the University and hostels, he/she found under the influence, possession or consumption of Drugs or alcohol I will accept appropriate punishment, fine or both imposed on my ward by the university authorities.

Signature of the parents with date
Mother
Father

CERTIFICATE FROM THE CHAIRPERSON/HEAD OF DEPARTMENT

(For female employee only)

It is recommended that	t Ms	D/	W of			is worl	king
as	in thi	s department	and m	ay be allo	otted room in WW	H. I ce	rtify
that the address of the	applicant is	the same as g	iven in	her applic	cation and it is not	located	with
in 30 KM radius of H	isar city. In	case the app	licant le	eaves the	department, I shall	l inform	the
chief warden. I shall n	ot clear his/	her last paym	ent/sala	ry/benefit	t/issue experience o	ertificat	e of
the applicant unles	s he/she	produces a	ı NO	DUES	CERTIFICATE	from	the
Coordinator/Warden/D	eputy Chie	f Warden/Chi	ef War	den. I sha	all also share the re	sponsib	ility
in case of need by host	el administr	ration due to a	ny eme	rgency re	garding her/him.		
					0		
Date:					10		
(0)					DC.	. 79	. 7
TIL.			Chair	person/ E	lead of the departm	ent (Wit	th seal)
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UNDERTAKING FROM PARENTS/HUSBAND

I	F/M/H of Mr./Ms	is giving my
consent to stay	in the hostel. My ward/spouse will abide by all the rule	and regulation of the
hostel. Further,	I will share the responsibility of my ward/spouse in case	e of any emergency as
and when requi	red.	



GJUS&T, HISAR HOSTEL IDENTITY CARD 2023-24		
Name		
Father's Name		
Course		
Roll No		
Hostel		
Room No		
Permanent Address		
Tel/Mob		
Blood Group		
Email		
Valid Upto: 30.06.2024		
•		
Coordinator/Warden		
GJUS&T, HISAR HOSTEL IDENTITY CARD 2023-24		
Name		
Father's Name		
Course		
Roll No		
Hostel		
Room No		
Permanent Address		
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Blood Group		
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Valid Upto: 30.06.2024		
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vana Opto. 30.00.2024		

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Valid Upto: 30.06.2024		
<u> </u>		
Coordinator/Warden		

GJUS&T, HISAR	
HOSTEL IDENTITY CARD	2023-24
Name	
Father's Name	
Course	
Roll No	
Hostel	
Room No	
Permanent Address	
Tel/Mob	• • • • • • • • • • • • • • • • • • • •
Blood Group	
Email	
Valid Upto: 30.06.2024	
	1' 4 /557 1
Coo	rdinator/Warder

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Hostel Leaving Form Guru Jambheshwar University of Science and Technology, Hisar Sr. No.____

Name of Hostel:	
Session:	
Name of resident:	
Date of Leaving:	
Department/Course:	
Roll No.	
Semester:	
Room No:	
Bank Account No:	
Name of Bank:	
IFSC code:	
Mobile no.:	
Email ID	

Signature Date