The Principal,

Shri Ram College of Commerce,

## FORM A

**Shri Ram Girls Hostel**

Shri Ram College of Commerce, University of Delhi

**Application for Residence in the Hostel**

All entries are to be made in Block Letters Form incomplete in any respect will **NOT** be considered

Delhi-110007 Session ...2023-24

Sir/madam

I wish to apply for accommodation in the College Hostel. My particulars are as follows:

1. Name .................................................................................................................................................................................

2. Class..............................................Section................................................RollNo. ...........................................................

3. Date of Birth ………../ ………../ ………….

D D M M Y Y

4. Email ..................................................................................................Mobile No. (if any) ................................................

5. Blood Group........................................

6. Last Exam.(Qualified) ......................................................................... Year ......................................................................

7. School/ College ..................................................................................................................................................................

* Board/ University ...............................................................................................................................................................
* CUET Marks (Normalized)………………………………………………. Rank (if any)
* Attendance 2nd and 3rd Year ………………………………………………….

**S. No. Main Subject**

1.

2.

3.

4.

Total

other Subjects, If any

5.

6.

**Max. Marks Marks Obtained Percentage**

(Attach self-attested copies of relevant certificate Category

8. Permanent Address ............................................................................................................................................................

9. (a) Father’s Name ............................................................................................................................................................

Occupation........................................Tel. No............................................Mobile (ifany)..........................................

Office Address..........................................................................Designation ..............................................................

Email: .......................................................................................Parental Income (Per month).....................................

(b) Mother’s Name ...........................................................................................................................................................

Occupation........................................Tel. No............................................Mobile (ifany)..........................................

Office Address..........................................................................Designation ..............................................................

Email: .......................................................................................Parental Income (Per month).....................................

10. Residential Address, if different from above

(Please attach photocopy of Ration Card or some documentary proof of present residence)

..........................................................................................................................................................................................

...........................................................................................................................................................................................

Telephone:......................................................................................................................................................... ................

11. Distance from Delhi (in Kms.) ...........................................................................................................................................

12. Local Guardian’s Name ....................................................................................................... ..............................................

Relationship with the Applicant .........................................................................................................................................

Designation .......................................................................................................................................................................

Address (Office) ................................................................................................................................................................

Telephone: Office...........................................Residence....................................Mobile (ifany).......................................

13. Extra Curricular Activities..................................................................................................................................................

14. Sports Activities................................................................................................................... ...............................................

............................................... ......................................... ....................................

(Signature of Local Guardian) (Signature of Parent) (Signature of Student)

Date :............................ Date :............................ Date :..........................

I, ............................... the local guardian of ....................................................................... .................

Undertake to take charge of my ward in case of any disease, misbehaviour or misconduct. I also undertake to take charge of my ward in case of any emergency arising out of the closure of College in mid-session.

Date : ............................ (Signature of Local Guardian)

(Local Guardian and parents are required to accompany their ward at the time of personal interview for admission to the Hostel)

**For Office Use Only**

**Recommended for Admission**

**Warden**

**Dated .................................**

**Admitted**

**Principal**

**Dated .................................**

**Receipt No. .......................**

**Date ...................................**

**Amount Rs. ......................**

**Cashier**

**Dated .................................**

Date of leaving the hostel …………………………………………………………………………………………………….

**FORM - B**

**PERSONAL DETAILS OF PARENTS AND LOCAL GUARDIAN**

# PARENTS

Name of Father Name ofMother

Residential Address Residential Tel. No.(with STD code ) Father's Off. Address

Off. Tel. No (with STD code) Mobile No. E-Mail Mother's off. Address Off. Tel. No (with STD code) Mobile No. E-Mail

# LOCAL GUARDIAN

Name of Local Guardian

Residential Address

Tel. No. (R) Mobile No. OfficeAddress

Off Tel. E-Mail

## NOTE: PHONE /MOBILE NUMBERS AND ADDRESSES MUST BE OPERATIVE AT ALL TIMES. THE COLLEGE HOSTEL SHOULD BE INFORMED OFANY OR ALL UPDATES ADD CHANGES

**FORM C**

(PARENTS /Guardian may inform the principal /warden of any change in the list given below)

## VISITORS TO THE HOSTEL

**S.No. NAME RELATIONSHIP FULL ADDRESS TEL.NO. SIGNATURE**

**1..……………………………………………………………………………………………………………………………..**

**2………………………………………………………………………………………………………………………………**

**3……………………………………………………………………………………………………………………………....**

**4……………………………………………………………………………………………….……………………………...**

**5………………………………………………………………………………………………………………………………**

**6………………………………………………………………………………………………………………………………**

## PERSONS WITH WHOM RESIDENT MAY GO OUT

### S.NO. NAME RELATIONSHIP FULL ADDRESS TEL.NO. SIGNATURE

**1………………………………………………………………………………………………………………………………**

**2………………………………………………………………………………………………………………………………**

**3………………………………………………………………………………………………………………………………**

**4………………………………………………………………………………………………………………………………**

**5………………………………………………………………………………………………………………………………**

### 6……………………………………………………………………………………………………………………………… HOMES WHERE SHE MAY STAY FOR THE NIGHT

**S.NO. NAME RELATIONSHIP FULL ADDRESS TEL.NO. SIGNATURE**

**1………………………………………………………………………………………………………………………………**

**2……………………………………………………………………………………………………………………....………**

**3………………………………………………………………………………………………………………………………**

**4………………………………………………………………………………………………………………………………**

### (SIGN. OF THE LOCAL GUARDIAN)

**Date:…………………………………….**

### WARDEN

**DECLARATION**

**SHRI RAM COLLEGE OF COMMERCE**

**S.R.M GIRLS HOSTEL**

Name of the Hostel Resident Course Year College Roll No Allotted RoomNo.

## UNDERTAKING FROM STUDENT, PARENTS, LOCAL GUARDIAN

1. I declare that I have read the hostel prospectus and am familiar with the Rules and Regulations contained therein.
2. I declare that I will maintain a minimum of 75% attendance in all classes, failing which I shall lose the right of re-admission to the hostel.
3. I undertake to abide by the rules and regulation of the hostel, the violation of which will subject me to disciplinary action as deemed fit by the authorities' which may include expulsion.
4. I have been informed that,
   * Ragging is banned in universities and colleges.
   * Ragging is banned in this hostel and the college.
   * Punishment may include expulsion from the college.
5. I shall not plead ignorance of any rule notified from time to time.
6. I undertake to fulfill my social and civic responsibilities as a resident of the hostel as advised by the college.
7. I agree to return on time after autumn and winter break.
8. I will attend all events, including practice, even during autumn and winter breaks, if necessary (Applicable to sports persons.)

## DECLARATION BY THE PARENTS AND LOCAL GUARDIAN

1. We declare that we have read the Rules and Regulation in the hostel prospectus and undertake that we will abide by the same.
2. We will take charge of our ward in case of any illness or breach of discipline or any other emergent situation, as required by the college.
3. We undertake not to make any demands on the college to customize any service for our ward whatsoever.
4. We understand that college is not responsible for the whereabouts of our ward when she avails various types of permissible leaves and when she leaves the hostel on home leave.

**(Signature of parent) (Signature of student) (Signature of local guardian)**

**SHRI RAM COLLEGE OF COMMERCE**

**S.R.M GIRLS HOSTEL**

Name of Hostel Resident Name of the hostel admitted to Course Year College Roll No Allotted Room No.

## MEDICAL RECORD OF THE RESIDENT

Blood Group: known Allergies: Do you suffer from any Chronic Ailment? Yes / No

If yes , give details:

Any specific Medication required: Details of the person to be contacted in case of emergency:

Name : Address : Contact Tel. No. Mobile : Any other detail you would like to furnish :

Certified that the candidate is medically fit to stay in the hostel : Yes / No

Signature of the doctor (Name and Registration No.)

(With official seal)

Signature of the candidate Signature of the parent

**Note: Residents can submit this form on the day of checking-in the Hostel.**





















