



# MAHATMA GANDHI CENTRAL UNIVERSITY

Office of University Hostel Administration (UHA)

## Form-A: APPLICATION FORM FOR ALLOTMENT OF HOSTEL

(Fill the particulars in Block Letters)

A. MGCUB Application ID .....

B. Enrolment No. ....

C. Merit as per MGCU List /SGPA of the previous Semester:

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Affix self-  
attested  
passport size  
photo of  
applicant

For Office Use	
Priority	
Programme	
Department	
Merit number	
Year of Admission	
Category	
Sex (M/F)	

Affix passport size  
photo of local  
guardian (M & F) or  
specified visitors  
(only for F)  
  
P1

Affix passport size  
photo of local  
guardian (M & F)  
or specified  
visitors (only for F)  
  
P2

Affix passport size  
photo of local  
guardian (M & F) or  
specified visitors  
(only for F)  
  
P3

**(Fill the particulars in Block Letters)**

1. Name of the Applicant: .....
2. Date of Birth: .....
3. Place of Birth and State: .....
4. Nationality: .....
5. Mobile No.: .....
6. Email ID: .....
7. Category: .....
8. Whether Employed or Not? .....
- If Yes, Give Details: .....
9. Blood Group: .....
10. Identification Mark: .....
11. Any specific Medical Problem(s) including allegory: .....
- .....
12. Father's Name: .....
13. Mother's Name: .....
14. Husband's Name (in case of married women): .....
15. Local Guardian's Name (if other than Father): .....
16. Relation of Candidate with Local Guardian: .....
17. Permanent Address (Mention Post, Village, Town, District & State clearly)
  - (a) Permanent Address: .....
  - .....
  - .....
  - (b) Contact No (s): .....
  - (c) Nearest Railway Station: .....
  - (d) Police Station: .....
  - (e) If district is East Champaran, Name of the block: .....
  - .....

18. Whether ever Convicted/Rusticated/Debarred/Expelled/Suspended? YES / NO

If "YES" give details.....  
.....  
.....

19. Name, Address and Telephone Nos. (if any) of person to be contacted in emergency.

(a) Local Guardian:

i. Name & Address: .....

.....

ii. Mobile.....

iii. Email id :.....

(b) Other than Local Guardian:

i. Name & Address: .....

ii. Phone: .....Mobile: .....

iii. Email id: .....

20. Programme of Study in which admitted ..... Year of Admission to the Programme: .....

21. Nature of Programme: ..... (Full-Time/Part-Time/Short-Term, Exchange, Foreign National etc.)

22. Details of Hostel Facilities availed in MGCU earlier, if any Period, Name of Hostel, Room Number, Reason of Leaving: .....  
.....  
.....

### Declaration

I.....S/O.....  
hereby declare that the foregoing particulars are correct and I agree that the allotment of accommodation be made to me on the terms and conditions of the Hostel of the Mahatma Gandhi Central University or any modifications there of as may be made by the University. I understand that my allotment can be cancelled if any particulars given by me in this application is subsequently found to be wrong.

I understand that the decision of the University taken from time to time in all matters such as allotment of accommodation, rate of Hostel fee, discipline, conduct etc. will be final and binding on me.

I have carefully read the rules of the Hostel of MGCUB and also the rates of the Hostel fee payable (*as modified/revised by the University from time to time*) and agree to abide by the same.

I shall strictly follow all the guidelines laid down by MGCU regarding COVID-19 pandemic as well as the regulation of Ministry of Health and Family Affairs, India.

I promise to abide by all the rules of discipline of the University Hostel as well as the appropriate behaviour for COVID-19, failing which any disciplinary action may be taken against me, including expulsion from the Hostel/University.

Date: .....

Signature of the Applicant

Name.....

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### Undertaking of Parent/Guardian

I .....have read the rules and understand that in case my son/ward violates any rule(s), her hostel seat can be cancelled. I also certify that .....is his local guardian.

Date: .....

Signature of Parent/Guardian

Name.....

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### Forwarding from Head and Dean

The Application of Mr/Ms ..... is forwarded for Hostel Accommodation subject to eligibility of his/her as per rules and regulations of the Hostels.

Dated: .....

(Signature with Seal)

**Head of the Department**

Dated: .....

(Signature with Seal)

**Dean of the School**

**FOR OFFICE USE ONLY**

Residence allotted (*Hostel with Room No.*).....

Fee Receipt No. .... Dated: .....

Dated: .....

Warden

Dated: .....

Provost

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