## 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:               | attested<br>passport size<br>photo of<br>applicant |
|----|-------------------------------------|--|
| B. | Enrolment No                        |  |
| C. | Merit as per MGCU List /CUET Score: |  |
|    |                                     |  |

| For OfficeUse     |  |  |
|-------------------|--|--|
| 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)

Р1

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

Р2

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

Affix self-

Р3

## (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:  |
|     | Identification Mark:  |
| 11. | Any specific Medical Problem(s) including                                 |
|     | allegory:   |
|     |   |
| 12. | Father's Name:  |
|     | Mother's Name:  |
|     | Husband's Name (in case of married women):                                |
|     | Local Guardian's Name (if other than Father):                             |
|     |   |
|     | Relation of Candidate with Local Guardian:                                |
| 1/. | Permanent Address (Mention Post, Village, Town, District & State clearly) |
|     | (a) Permanent Address:  |
|     |   |
|     |   |
|     | (b) Contact No (s):   |
|     | (c) Nearest Railway Station:  |

| l Guardian:  |
|--|
|  |
|  |
|  |
| l Guardian:  |
|  |
| dress:   |
| Mobile:  |
|  |
| ıdy in which admitted Year of  |
| ogramme:   |
| ne:(Full-Time/Part-Time/Short-   |
| reign National etc.)   |
| reigh National etc.)   |
| cilities availed in MGCU earlier, if any Period, Name of Hostel,<br>ison of Leaving: |
| ָ<br>֡   |

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  |  |  |
| Ihave rea ward violates any rule(s), her l | ng of Parent/Guardian Ind the rules and understand that in case my son/ Shostel seat can be cancelled. I also certify that Shown is his local guardian. |  |  |
| Date:Signature of                          | Parent/Guardian   |  |  |
|  | Name  |  |  |
| Forwarding from Head and Dean              |   |  |  |
|  | is tion subject to eligibility of his/her as per rules and  |  |  |
| Dated:                                     |   |  |  |
| (Signature with Seal)                      | Head of the Department  |  |  |
| Dated:                                     |   |  |  |
| (Signature with Seal)                      | Dean of the School  |  |  |

## **FOR OFFICE USE ONLY**

| Residence allotted (Hostel with R | oom No.) |
|-----------------------------------|----------|
| Fee Receipt No                    | Dated:   |
| Dated:                            | Warden   |
| Dated:                            | Provost  |