SHRI RAM COLLEGE OF COMMERCE BOYS HOSTEL							
FOR OFFICE USE							
For Warden	FORM A						
Hostel Enrol. No			A DDI	ICANTO			
Room No				JCANTS OGRAPH			
Dated		2017					
	Admission Category :						
	ALL DETAILS TO BE GIVEN IN BLOCK LETTERS INCOMPLETE FORM IN ANY RESPECT WILL BE SUMMARILY REJECTED PLEASE DO NOT GIVE ANY FALSE/MISLENDING INFORMATION						
1. Name							
2. Class	Section						
E-mail	Mobile	e (if any)					
3. Date of Birth D	D M M Y Y						
4. Last Exam. (Qual	ifying)	••••	Year				
S. No. Main Subje	ect	Max. Marks	Marks Obtained	Percentage			
i.							
ii.							
iii.							
iv.							
Total							
other Subject	ets, If any						
V.							
vi.	vi.						
Eligibility Category (A/A	B/C) To be filled in by the applicant. See Co	llege Prospectus und	der section "Criteria f	or Admission"			

Category

(Attach attested Copies of relevant Certificates)

Category

6. Permanent Address

Occupation

Tel. No

Office Address

Designation

E-mail

Income (Per month)

(B) Mother's Name

Occupation

Tel. No

Tel. No

Tel. No

Tel. No

Parents passport size Photograph

Tel. No

Tel. No

Tel. No

Tel. No

Tel. No

Parents passport size Photograph

Tel. No

Tel. No

Office Address Desig		De	esignation		
	E-mail Mobile (if any)				
	Income (Per month) .				
8. Residential Address, if different from above (6) (Please attach photocopy of Ration Card or some documentary proof of present residence)			f present residence)		
9.	Approximate distance	from Delhi (in Kms.)			
10.	Local Guardian's Nan	ıe			
	Relations	hip with the Applicant			
	Designati	on			
	Address	Office)			
	Address	Residence)			
	Telephon	e : Office	Residence		
	E-mail		Mobile (if any)		
I un par act	violation of rules or breach of code of conduct by me will be treated seriously and may result in my expulsion from the Hostel.  I undertake to vacate the Hostel accommodation provided to me within two days after the completion of the last paper of University Examination. In the event of default in this respect I would render myself liable for any penal action that the authorities may deem fit. I shall not keep any kind of vehicle in the Hostel.  I also undertake that I would not harbour and entertain any guests in my room. Any breach of this undertaking would attract stringent action which may include expulsion from the Hostel.				
	Counter Signature of Parent Counter Signature of Local Guardian Signature of the Applicant  Date				
	FOR OFFICE USE ONLY				
		TOR OFFICE USE ONE.			
	ecommended for Imission	Admitted	Receipt No		
A	11111551011		Date		
w	arden	Principal	Amount Rs		
''		1 maps	Cashier		
Da	nte	Date	Date		

## SHRI RAM COLLEGE OF COMMERCE BOYS HOSTEL

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# FORM A1 RE- ADMISSION

Admission Category :

**SESSION**: 2016 – 2017

APPLICANTS PHOTOGRAPH

ALL DETAILS TO BE GIVEN IN BLOCK LETTERS					
	INCOMPLETE FORM	I IN ANY RESPECT W	ILL BE SUMN	IARILY REJECT	ED
1. A. N	1. A. Name Date of Birth				
C	lass	Roll No	Sect	ion	
E-mail Mobile (if any)					
S	ignature				
2. A. (i	) Father's Name				
	Mob	E-mail			rents passport
(i	i) Mother's Name			S1:	ze Photograph
	Mob	E-mail			
B. R	esidential Address				
•••					
P	hone: Office		Residence		
3. A. N	ame of the Local Guardian				
B. D	esignation				
C. O	Office Address				
D. R	elation with the Applicant		•••••		
E. R	esidential Address				
			•••••		
F. P	hone: Office	. Res	Mob	E-mail	
		ny change in address, inform th		• /	
4. Last	Exam. (Qualifying) Passed.			Year	
S. No.	Main Subject		Max. Marks	Marks Obtained	Percentage
i.	-				
ii.					
iii.					
iv.					
V.					
vi.					
vii.					

	Ist Year / Semester	Out c	of
	IInd Year / Semester	rOut of	
6. In case of spo	orts quota: Details of	performance in Sports	
and spirit of Rule Hostel. I shall no	es and Regulations not plead ignorance of	nave read the Hostel Prospectus and undentioned therein. I undertake to abide be any future regulations that may be notiff conduct by me will be treated seriously	y all the Rules and Regulations of the ied from time to time. I know that any
paper of Univers	sity Examination. In	ommodation provided to me within two the event of default in this respect I wou fit. I shall not keep any kind of vehicle in	ald render myself liable for any pena
		rbour and entertain any guests in my romay include expulsion from the Hostel.	oom. Any breach of this undertaking
Signature of Pa	rent and Local Gua	ardian	Signature of the Applicant
		FOR OFFICE USE ONLY	
Recommended for Admission	or	Admitted	Receipt No  Date
		Principal	Amount Rs
Warden			

# SHRI RAM COLLEGE OF COMMERCE SHRI RAM COLLEGE OF COMMERCE UNIVERSITY OF DELHI

#### FORM B

#### ALL ENTRIES ARE TO BE MADE IN BLOCK LETTERS

**SESSION**: 2016 – 2017

#### **DECLARATION**

I declare that I have read the **Hostel Prospectus** and understood the provisions in their letter and spirit of **Rules** and **Regulations** mentioned therein. I undertake to abide by all the Rules and Regulations of the Hostel. I shall not plead ignorance of any future regulations that may be notified from time to time. I know that any violation of rules or breach of code of conduct by me will be treated seriously and may result in my expulsion from the Hostel.

1.	A.	Name of Student
	В.	Signature
	C.	Date
2.	A.	Name of Parent
	В.	Residential Address
	C.	Phone : Office
	D.	Signature
	E.	Date

#### **ADMISSION SCHEDULE**

1. Last date for receiving New Admission Form : Friday, 8<sup>th</sup> July, 2016 (by 1.00 p.m.)

Publication of List of Selected Applicants : Tuesday, 12<sup>th</sup> July, 2016 (by 05.00 p.m.) along with waiting List on the Notice Board & on College Website.

3. Fee Deposit : Thursday to Saturday, 14<sup>th</sup> – 16<sup>th</sup> July, 2016

(9.00 a.m. onwards)

4. Allotment of Rooms : Saturday, 16<sup>th</sup> July, 2016

5. Publication of Second List of Selected : Monday, 18th July, 2016 (by 5.00 p.m.)
Applications along with waiting list on the
Notice Board and on College Website

6. Fee Deposit (Second List) and allotment : Thursday, 21<sup>st</sup> July, 2016 of room (if required) : (9.00 a.m. onwards)

(if Required)

3.	A.	I	ward in case of any all dues within the
		stipulated period on behalf of my ward as and when communicated by the Hostel autl	horities.
	В.	Relationship with Ward	
	C.	Name	
	D.	Office Address with Designation	
	E.	Residential Address	
	F.	Phone: Office	
	G.	Signature	
	Н.	Date	Passport size photograph of Local Guardian
		ACKNOWLEDGEMENT (To be filled in by the applicant)	
SI.	No.	. <del>.</del>	
Na	me .		
Cla	ıss		
Eli	gibil	lity Category	
Ple	ase (	Check Notice Board and College Website for Date and time of Admission.	

Hostel Assistant The SRCC Hostel, Delhi - 110 007

# SHRI RAM COLLEGE OF COMMERCE BOYS HOSTEL, UNIVERSITY OF DELHI, DELHI

#### FORM C

Give details of Five Close Relatives who could be referred in case of emergency and for verification:

1.	Name of the Relative :	Profession
	Relationship with self	
	Postal Address	
	E-mail	
	Mobile No.	
	Phone with STD Code	
2.	Name of the Relative :	Profession
	Relationship with self	
	Postal Address	
	E-mail	
	Mobile No.	
	Phone with STD Code	
3.	Name of the Relative :	Profession
	Relationship with self	
	Postal Address	
	E-mail	
	Mobile No.	
	Phone with STD Code	
4.	Name of the Relative :	Profession
	Relationship with self	
	Postal Address	
	E-mail	
	Mobile No.	
	Phone with STD Code	
5.	Name of the Relative :	Profession
	Relationship with self	
	Postal Address	
	E-mail	
	Mobile No.	
	Phone with STD Code	
I u	undertake that information furnished above is true to the best	of my knowledge & belief.
Da	ate:	
Pla	ace:	Signature of Student
	UNDERTAKING	C
	nereby undertake that I shall not keep any kind of vehicle in a und guilty I shall surrender my rights to stay in the hostel.	and around hostel premises. In case

Date:

Place: Signature of Student

## **ANNEXURE III**

I, _	( Parents Name)		S/o	Father /Mother of
		R/O		dc
here	eby solemnly declare as under:			
1)	I have no house in my name or in the n Budha Nagar (NOIDA), Gurgaon, Gha	•	•	
2)	I am not residing in NCT Delhi, Farida Bahadurgarh & Bagpat.	ıbad, Gautam Bu	dha Nagar (NOID.	A), Gurgaon, Ghaziabad, Sonipat,
3)	I do not have a job assignment in NCT of	of Delhi.		
	he information provided by me proved lication/admission of my ward. I will have			stel management may cancel the
VE	RIFICATION:			
	Ified that the aforesaid contents are true ertaking is false and nothing has been co			wledge and belief. No part of the
Ver	ified at	on this	of_	,
	(Place)		(day)	(month) (year)

**DEPONENT**