

FORM A

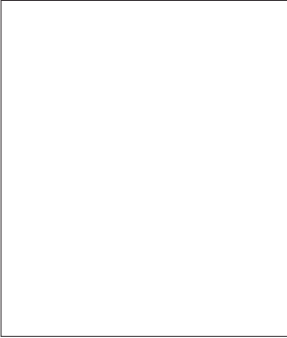
Shri Ram Memorial Girls Hostel

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



The Principal,
Shri Ram College of Commerce,
Delhi-110007

Session

Sir,

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

- 1. Name
- 2. Class.....Section.....Roll No.
- 3. Date of Birth
 D D M M Y Y
- 4. EmailMobile No. (if any)
- 5. Blood Group
- 6. Last Exam. (Qualified).....Year
- 7. School/College
- Board/University

S. No.	Main Subject	Max. Marks	Marks Obtained	Percentage
1.				
2.				
3.				
4.				
	Total			
	other Subjects, If any			
5.				
6.				

Eligibility Category (A/B/C/D/E/SC/ST/Sports/Foreign STUDENT/Handicapped) To be filled in by the applicant. (See College Prospects Under section “Criteria for Admission”)

(Attach self attested copies of relevant certificate

Category

- 8. Permanent Address
- 9. (a) Father’s Name
- Occupation.....Tel. No.....Mobile (if any).....
- Office Address.....Designation
- Email:Parental Income (Per month).....
- (b) Mother’s Name
- Occupation.....Tel. No.....Mobile (if any).....
- Office Address.....Designation
- Email:Parental Income (Per month).....

10. Residential Address, if different from above (8)

(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 (if any).....

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

Admitted

Receipt No.

Date

Warden

Principal

Amount Rs.

Cashier

Dated

Dated

Dated

Date of leaving the hostel

FORM - B

PERSONAL DETAILS OF PARENTS AND LOCAL GUARDIAN

PARENTS

Name of Father _____

Name of Mother _____

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. _____

Office Address _____

Off Tel. _____ E-Mail _____

**NOTE: PHONE /MOBILE NUMBERS AND ADDRESSES MUST BE OPERATIVE AT ALL TIMES.
THE COLLEGE HOSTEL SHOULD BE INFORMED OF ANY 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)

(SIGN. OF THE PARENT)

Date:.....

Date:.....

WARDEN

PRINCIPAL

DECLARATION
SHRI RAM COLLEGE OF COMMERCE
S.R.M GIRLS HOSTEL

Name of the Hostel Resident _____

Course _____ Year _____

College Roll No _____ Allotted Room No. _____

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

- I. We declare that we have read the Rules and Regulation in the hostel prospectus and undertake that we will abide by the same.
- II. 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.
- III. We undertake not to make any demands on the college to customize any service for our ward whatsoever.
- IV. 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
(With official seal)

(Name and Registration No.)

Signature of the candidate

Signature of the parent

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

ACKNOWLEDGEMENT
(To be filled in by the applicant)

Sl. No.:

Name

Class..... College Roll No

Eligibility Category

Please Check Notice Board and College Website for Date and time of Admission.

Hostel Assistant
The SRCC Hostel,
Delhi - 110 007