

VBS Purvanchal University Jaunpur

www.vbspu.ac.in

	Hos	tel Admission F	orm										
1. Name of the student:				Please affix a									
2. Department:				recent passport									
3. Course:				size photograph									
4. Session:	S. Session: Category: (UR/OBC/SC/ST): 5. Department Roll No.: University Enrollment No.:												
5. Department Roll No.:	:	Do not staple											
6. Father's/Guardian's N	lame:												
7. Father's/Guardian's A	Address:		`										
House No.:	Street:												
Village:		Post:											
District:	State:	Pin:	Phone/Mobile	e:									
8. Permanent Address:													
House No.:	Street												
Village:		Post:											
District:	State:	Pin:	Phone/Mobil	e:									
9. Address for Correspo	ndence:												
House No.:	Street:												
District:	State:	Pin:	Phone/Mobile	:									
10. Details of Last Exam	nination Passed:												
a. Examination:		b. Year of Pa	assing:										
c. Percentage of Mar	ks Secured:	d. Name of S	School/College:										
11. Chronic Health Prob	olem:		Blood Group:										
(Specify if any)													
12. Allergic to:													
13. Proneness to React	ion of Medicine (Spec	ify if any):											
* Student is required to	submit 2-Passport s	size photograph duri	ing admission.										
Date:													
Forwarded by Head of the Departmen	nt with seal		Full Signa	nture of the candidate									
OFFICE USE Allotment Details: Hoste	al:		Room I	No:									

Detail of Local guardian: Name of Local Guardian:					
Relation with Local Guardian:	DI ("				
Address of Local Guardians:	Please allix a				
Phone/Mobile:	Do not staple				
Signature of Local Guardian Date: Place:					
Undertaking by the Student (Ragging)					
l s/o or d/o					
shall not involve in ragging. If any complaint of ragging is registered against me University and district administration will be free to take disciplinary action as per government, University Grants Commission and Supreme Court of India.					
Date:	gnature of the Student				
Undertaking by the Student					
I s/o or d/o					
declare that I shall abide by the rules of the hostel. In case of any violation of rules or m	isconduct, I shall accept				
the decision taken by the hostel authority or other appropriate authority against me.					
Date: Si Declaration by the Student	gnature of the Student				
I s/o or d/o					
declare that neither I have been punished for any criminal offence nor any criminal case	e is pending against me.				
I also declare that the information given by me in this form is true and correct to the be belief.	est of my knowledge and				
Date: Undertaking by Local Guardian	gnature of the Student				
I local guardian of Mr. /Ms take the responsibility of looking after her during any emergency or crisis arising out					
cooperate with the hostel authorities.	or any roason and snan				

Date:

Signature of Local Guardian

Declaration by Father/ Guardian

I					Father/Gua	ardian of							
decla	are that my	ward need	s to ta	ke my	permission befo	ore going anywhe	ere other than m	ny residence or his/ her					
local	guardian's	residence	and in	case	of any picnic, tou	ur organized by t	he department	he/she may be allowed					
on m	ny permissi	on/ permis	sion c	of the	local guardian.	The hostel author	ority shall not l	pe responsible for any					
matte	er/activities	of my ward	d outsi	de the	hostel premises	s. In case of any	violation of rule	s or misconduct by my					
ward	, the decision	on of the ho	ostel a	uthorit	y shall be accept	able to me.							
Date:													
Place	Place: Signature of Father/Guardian												
					FFF D	- A - II							
S.	Date	Name	of	the	FEE D Department		Mess A/c	Total					
No.		Bank	0.	0	A/c	Warden A/c		1 3 (4)					
							Total						
Date	e:												
Plac	e:						Full Signat	ure of the Student					

Signature of Warden with Seal



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Hostel Admission Form (Computer Performa)												_				
1. Name of the Student (In Block Letter) (Leave a space between two words)																
Mot	oile N	lumb	er of	Stud	lent											
2. Name of the Father																
Mok	oile N	lumb	er of	Fath	er/G	uardi	an									
3. N	lame	of th	е Ма	other												
4. C	lass															
5. Year Semester (Write: First/Second/Third/Fourth)(Write: I/II/III/IV/V/VI/VIII) 4. Department																
5. Address for Correspondence																
6 F	6. Permanent Address															
U. 1	CITIE	AT 10110	, ruu	1033												