



Form Receipt No.

Signature

Maharaja Agrasen College

Vidyottama Girls' Hostel

University of Delhi

Vasundhara Enclave Delhi – 110096

Vidyottma Girls' Hostel Admission form 2020-21

Student's Details

Name			
Course		Semester	I / III / V
Roll Number		Nationality	
Marks Obtained*		Date of Birth	
Category (Attach Proof)	General / SC / ST / PH / Other (Specify)		
Residential Address			
Email Id			

* 1st year students: Qualifying Marks on which admission has been given in the above course of the college

Other students: Aggregate Marks obtained in last examination passed. (Attach copy of marks sheet)

Father's Details

Name			
Occupation & Designation			
Office Address			
Phone		Monthly Income	

Mother's Details

Name			
Occupation & Designation			
Office Address			
Phone		Monthly Income	
Affix Recent Passport Size Colour Photo (Student)	Affix Recent Passport Size Colour Photo (Father)	Affix Recent Passport Size Colour Photo (Mother)	Affix Recent Passport Size Colour Photo (Guardian)
Student's Signature	Father's Signature	Mother's Signature	Local Guardian's Signature

Local Guardian's Details

Name			
Occupation & Designation			
Office/ Residential Address			
Phone / Mobile No.		Relation with Student	

For 2nd and 3rd year Students only

Have you ever been a resident of MAC Girl's Hostel earlier?	YES/NO If yes, give details
Details of ER Papers (If any)	
Has any disciplinary action been taken against you? (Please give details)	
Phone / Mobile No.	

If admitted to hostel, how will you contribute to the daily life of the hostel?

Undertaking

I declare that all the particulars given above are correct. If any particular is found false, I am liable to be expelled from the hostel, if admitted. I agree to abide by the rules and regulations of the college hostel given in the prospectus and such other rules laid down from time to time as per University of Delhi norms.

Signature of Parent/Guardian)

(Signature of Student)

Date:

Date:

ADMISSION ORDER

Admitted to Maharaja Agrasen College Girl's Hostel on the payment of prescribed fee for academic session 2019-20

Hostel Fee Receipt No. & Date

Hostel Staff

Convener
Hostel Committee

Principal

.....

Medical Certificate

To be filled in by a Registered Medical Practitioner

Name			
Age		Blood Group	
Height		Weight	
Date of the last vaccination			
Date of the last inoculation against cholera/typhoid			
Does the student suffer from any chronic / contagious disease? If so, nature of the disease			
Is the student suffering from any allergy? If so, give details			

This is to certify that I have examined Ms. _____ daughter of Shri _____ on _____ and found her medically fit to stay in the hostel.

(Specimen Signature of the Student)

To be signed in the presence of
The Medical Officer

(Signature of the Medical Officer)

with full name, qualification,
Address and Stamp

Date:

Note : In addition to the above medical fitness declaration, foreign students are also required to produce a Medical certificate from the National Institute of Communicable Diseases, 22 Sham Nath Marg, Delhi – 110054

(To be printed on Rs. 10/- Non-Judicial Stamp Paper)

ANNEXURE – A

Undertaking

I undertake

- ✳ To strictly follow all guidelines under 'Ordinance XVB: Maintenance of Discipline'.
- ✳ That ragging in any form is a criminal offence and is strictly prohibited under University Ordinance XVC and I will not indulge in any form of ragging directly/indirectly.
- ✳ That I will not smoke, take or serve alcoholic drinks or take drugs or keep them in my possession in the Hostel premises.
- ✳ To abide by all the Rules and Regulations of the Hostel and follow directives issued by the hostel authorities from time to time.
- ✳ That I have read and understood rules and regulations of the hostel and I shall not plead ignorance of the rules that may be notified from time to time.
- ✳ That any violation of a rule or breach of code of conduct by me will be treated seriously and may result in my having to surrender the hostel seat and any other appropriate disciplinary action.

Signature of Parent/Guardian)

Date:

Place

(Signature of Student)

Declaration

- * I, (Name.....), the Local Guardian of undertake to take her charge/responsibility in case of any disease, misbehavior or misconduct and in case of any emergency arising out of the closure of college or hostel during mid-session.
- * The Local Guardian may be contacted for any official purpose or emergency that may arise during her stay in the Hostel.
- * We have no objection in my ward availing leave till 9:00 P.M. as per hostel rules.
- * We undertake to pay all the dues as notified from time to time, failing which, we will pay the fine / face disciplinary action as mentioned in the prospectus.

List of Visitors in the Hostel

S.No.	Name	Relationship	Address	Phone
1				
2				
3				
4				
5				
6				

List of homes where student may stay during the night

S.No.	Name	Relationship	Address	Phone
1				
2				
3				
4				

Name of the Student:

Signature of the Student:

(Signature of Parent/Guardian)

(Signature of the Local Guardian)

Note : Any changes in the above information must be informed to Principal in writing immediately