Local Guardian's Signature



Form Receipt No.	Signature	

Maharaja Agrasen College

University of Delhi

Vasundhara Enclave Delhi – 110096

Vidyottama Girls' Hostel Admission Form 2025 - 26

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Student's Details			
Name			
Course		Semester	
Roll Number		Nationality	
Marks Obtained*		Date of Birth	
Category (Attach Proof)	General /SC / ST / OBC / Pv	wBD / Other (Specify)*	I
Residential Address			
Email Id			
Mobile No.			
* 1st year students: Normali	sed CUET Score/ marks on v	which admission has been g	iven in the college.
2^{nd} , 3^{rd} and 4^{th} year students:	Aggregate marks obtained in la	st examination passed. (Attach	copy of marks sheet)
** Admission as per Univers	ity Rules		
Father's Details	T		
Name			
Occupation & Designation			
Office Address			
Mobile No.		Monthly Inco	me
Email Id		<u>'</u>	
Mother's Details			
Name			
Occupation & Designation			
Office Address			
		8.6 a math lee tan a a	
Mobile No.	Monthly Income		
Email Id			
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)

Mother's Signature

Father's Signature

Student's Signature

		Page-2
Local Guardian's Details		
Name		
Occupation & Designation		
Office/ Residential Address		
Phone / Mobile No.		Relation with Student
E-mail Id:		
For 2 nd , 3 rd and 4 th year stu	dents 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.		
E-mail Id:		
If admitted to hostel, how w	ill you contribute to the daily life of th	e hostel?
from the hostel, if admitted		rticular is found false, I am liable to be expelled regulations of the college hostel given in the

ADMISSION ORDER

Admitted to Maharaja Agrasen College Girl's Hostel on the payment of prescribed fee for academic session 2025-26

Hostel Fee Receipt No. & Date Hostel Staff Convener
Hostel Committee Principal

Annexure 'A' **Medical Certificate**

	To be filled in by a Registered Medical Practitioner	
Name		
Age	Blood Group	
Height	Weight	
Date of last COVID 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 exan	nined Ms	
daughter of Shri	on	and found her
medically fit to stay in the hoste	•	
	f with	
	(To be printed on Rs. 10/- Non-Judicial Stamp Paper)	Annexure 'B'
	Undertaking	
 That ragging in any form will not indulge in any for that I will not smoke, the Hostel premises. To abide by all the Rules from time to time. That I have read and un rules that may be notified. That any violation of a rule. 	elines under 'Ordinance XVB: Maintenance of Discipline' is a criminal offence and is strictly prohibted under Unirm of ragging directly/indirectly. ake or serve alcoholic drinks or take drugs or keep the andRegulations of the Hostel and follow directives issued derstood rules and regulations of the hostel and I shall d from time to time. alle or breach of code of conduct by me will be treated see thostel seat and any other appropriate disciplinary action	nem in my possession in the ued by the hostel authorities I not plead ignorance of the eriously and may result in my

Signature of Parent/Guardian)	(Signature of Student)
Date:	
Place	

Annexure 'C' **Declaration**

* * *	I, (Nameundertake to take her charge/respany emergency arising out of the of the Local Guardian may be contact the Hostel. We have no objection in my ward We undertake to pay all the due disciplinary action as mentioned in	closure of college cted for any offici I availing leave ti s as notified fror	or hostel during mid-set al purpose or emergence II 8:00 P.M. as per hosten time to time, failing v	ssion. y that may arise l rules.	during her stay in
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:					
(Signat	cure of Parent/Guardian)		(Si _l	gnature of the L	ocal Guardian)

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