DDM SAI COLLEGE

Kallar (Nadaun) P.O. Jalari Distt. Hamirpur (H.P.)

Application Form for Admission to Hostel for the Academic Year 202.... to 202.....

Departi	ment:		Г		
	Name: (In Capital Letter)			Photo	
2.	Father's Name			Prioto	
3.	Mother's Name				
4.	D.O.B.	/	Ĺ		
5.	Year of Study				
6.	Date of Admission	Married / Sing	gle		
7.	Address (Permanent)				
8.	Address (Corresponden	PIN Mobile No			
		Mobile No			
Whether the candidate had stayed in Hostel before Yes/No			res/No		
Whether the candidate has any Medical history of ailments Yes/No					
If yes, please attach medical certificate					

Student Declaration

	1	have read the rules and conditions for		
my adı	mission into			
	I shall keep the good name of Institution in all my thoughts, behavior and actions. I will be committed to my studies and will maintain absolute discipline in the Hostel rooms during study hours. I will also abide by the rules of the hostel to be within it during the prescribed time amd not stay out the hostel, unduly without prior permission.			
3.	Switchboards, Furniture, Sports Edelsewhere.	e to any property of the hostel such as Benches, quipment etc. & any public property in the Hostel		
	whatsoever.	Chairs, Walls of the Hostel, Toilets with any writing ute can impose penalty / penalties on me for any of the fine from me.		
4. 5. 6. 7.	I will not use any obscene or unparliamental will not leave the hostel without prior per I accept the decision of the Management as I shall no indulge in ragging or any other king	rily anywhere. mission of the warden and Principal. final in all matters of discipline		
	Place Date	Signature of student		
	Parent's / Guard	dian's Declaration		
my wa	I assure that my ward will abide by the rule rd is rusticated from the hostel for violating t	s and regulations of the Hostel. I have no objection if he rules.		
	Place			
	Date	Signature of Parent / Guardian		
	For Off	fice Use Only		
	Name of the Course	Room No		
	Room Mate's Name	Class		
	Room handed over with the following furni	ture		
	Admitted to hostel on			
	Amount Paid R	eceipt No		
	Place			
	Date	Signature of Principal / Warden		