

Dawarka Dass Memorial Sai College

Kallar P.O. Jalari, Tehsil Nadaun, Distt. Hamirpur (H.P.) - 177042 Ph.: 01972-233520

Website: www.ddmsai.org, e-mail : contactddmsai@gmail.com

HOSTEL ADMISSION FORM

Department.....

1. Name of the Applicant.....
(in block letters)
2. Father's Name
3. Mother's Name
4. Date of Birth / /
5. Year of Study..... Class _Roll No.....
6. Date of AdmissionSingle/Married.....
7. Address (Permanent).....

Paste Recent
Passport Size
Photo

-PIN.....Mobile No.....
9. Address (Correspondence)
-PIN.....Parents Mobile No.....

Whether the Candidate had stayed in the Hostel Before Yes/No

Whether the Candidate has any Medical History of Ailments Yes/No
If Yes, Kindly Attach Medical Certificate.

.....2/-

Student Declaration

I have read the rules and conditions for my admission into

1. I shall keep the good name of Institution in all my thoughts, behavior and actions.
2. 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 and not stay out the hostel, unduly without prior permission.
3. I do hereby promise:
 - a) That I will not cause any damage to any property of the hostel such as Benches, Switchboards, Furniture, Sports Equipment etc. & any Public Property in the Hostel elsewhere.
 - b) That I will not cause the Benches, Chairs, Walls of the Hostel, Toilets with any writing whatsoever
 - c) That the Management of the Institution can impose penalty / Penalties on me for any of the above acts, of I do and collect the fine from me.
4. I will not use any absence or unparliamentarily anywhere.
5. I will not leave the Hostel without prior permission of the Warden and Principal
6. I accept the decision of the Management as final in all matters of discipline
7. I shall no indulge in Ragging or any other kind of misbehavior.

Place.....

Date.....

(Signature of the applicant)

Parent's / Guardian's Declaration

I assure that my ward will abide by the rules and regulations of the Hostel. I have no objection if my wards is rusticated from the Hostel for violating the rules.

Place.....

Date.....

(Signature of the Guardian)

For Office Use Only

Name of Course Room No.

Room Mate's Name..... Class

Room Handed Over with the Following Furniture

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Admitted to Hostel on

Amount Paid Receipt No.