For office use

Regn. No.

RAJIV GANDHI HOSTEL FOR GIRLS UNIVERSITY OF DELHI DHAKA HOSTEL COMPLEX, DR. MUKHERJEE NAGAR DELHI-110009 Application Form for Admission 2024-2025

FORM NO
COURSE
COLLEGE
DEPARTMENT

RECENT PHOTOGRAPH OF THE APPLICANT ATTESTED BY PRINCIPAL OF THE COLLEGE/HEAD WITH STAMP

INSTRUCTIONS

2.

1. All entries are to be filled in Ink/ball point pen by the candidate in English/Hindi.

- The Application should be accompanied by Photographs and attested copies of the following:
 - a. Copy of fee receipt of admission to the course (Original to be produced for verification).
 - b. Self-attested mark sheet of last examination passed.
 - c. Copy of Merit/Entrance list/CUET score card/BRS letter of registration for Ph.D. students.
 - d. Documents supporting reserve category status attested by Gazetted' Class I Officer, if applicable.
 - e. "Domicile Certificate (For North Eastern students including Sikkim)"
 - f. Document supporting admission under sports quota by competent authority.
 - g. Certificate from employer of father/mother/husband in service (Annexure A). In case of self-employed parents/husband, the certificate from First Class Gazetted Officer currently posted at the place of residence of the applicant (Annexure B).
 - h. Undertaking against Ragging (Annexure I & II in the Bulletin) to be submitted at the time of interview. In addition the students are required to submit an anti-ragging affidavit available on (<u>www.antiragging.in</u> & <u>http://www.amanmovement.org/</u>) and mentioned the reference number generated thereof in the application form.
 - i. Medical Fitness Certificate for Foreign students.
 - j. Address proof of local guardians (with their signature) should be the same as mentioned in the Application form.
 - k. Photo ID and address proof of Parents along with their signature.
 - l. Ph.D. Students are required to submit a letter from HOD/Supervisor, that they are not working anywhere.
- 3. Incomplete form will not be considered.
- 4. Furnishing incorrect information will lead to cancellation of admission to the hostel.
- 5. The admission will be valid for the current academic session.
- 6. The applicants are advised to check on the hostel notice board regarding interview dates, admission lists etc, or check at the website www.du.ac.in/ www.rghg.du.ac.in
- 7. No individual communication shall be sent.

APPLICANT'S DETAILS

Name (in block letters):
Course: University of Delhi's Enrollment No
College/Department:
Subject:
Date of admission: Rank Merit list/Entrance List No Rank
Examination last passed: Year of passing:
Name of examination/board:
Marks obtained out of total marks:
Marks (in %):
Category: General/EWS/SC/ST/OBC/Foreign/Sports/PWD/CW
Date of Birth Nationality
Marital statusAntiragging Reference Number

Permanent residential address
Correspondence address
Email ID......
Father's/Husband's name
Employed/self-employed /retired
Occupation
Mother's name
Phone number
Employed/self-employed/retired
Phone number
Employed/self-employed/retired
Employed/self-employed/retired
Telephone no.
Mother's office address
Telephone no.

		ACADEMIC	RECORD		
Examination Passed	Board/University	Year of Passing	Marks Obtained	Maximum Marks	% Marks
B.A./B.Sc./B.Com					
M.A./M.Sc./M.Com.					
M.Phil.					
Others					

Duration of previous stay in any other hostel of Delhi University for Graduation, Post-graduation, M.Phil. and Ph.D.

Name of the Course	Academic session	Name of the Hostel	Duration of stay

CERTIFICATE FROM COLLEGE/DEPARTMENT

Certified that Ms.	is a bonafide,
full time students of	class of the
College/Department	

Her position in Admission list/merit list no. I/II/III is	and she
has deposited the college fee for the academic year 2024-2025 vide Receipt no	
dated	

Date

Signature of the Supervisor for Research Students only

Signature of the Principal of College/Head of the Department with Stamp

FOR Ph.D. STUDENTS ONLY

(a) Cour	rse (c) Faculty (b) Department
(d) Year	(f) Date of Registration
	To be filled by the Supervisor in his/her own hand and to be signed by HOD.
(i)	This is to certify that Ms is enrolled for Ph.D. in the
	Department/Faculty of and she is a full -time bonafide student of the Department.
(ii)	This is to verify that progress of research work of Ms
	Ph.D. student, working under my supervision is (satisfactory/not satisfactory). She may/not be givenadmission/extension in the Rajiv Gandhi Hostel for Girls.
Date:	
	ONLY FOR FOREIGN STUDENTS
1.	Recommendation of the foreign student's advisor, University of Delhi. Foreign student's advisor
	Name
	Signature with official seal
2.	Recommendation of the concerned Embassy
	Name of the recommending authority
	Designation
	Signature with official seal
	MEDICAL FITNESS DECLARATION
1.	I declare that I am not suffering from any infectious, chronic or any other disease that makes me unfit for stay in the hostel.

2. I am aware that no specific facility is available in the hostel for any medical condition.

Signature of the Applicant

In addition to the above medical declaration, foreign students are also required to produce a Medical Certificate from the Centre for AIDS & Related Diseases (CA& RD) (formerly National institute of Communicable Disease, NICD), **22** Sham Nath Marg, Delhi - 110054 as per terms of Letter No. F-14-686ESII dated 20* April 1987, from the Human Resource Development, Department of Education, Government of India, and New Delhi

FINANCIAL GUARANTEE AND DECLARATION BY PARENTS/HUSBAND

(Please tick as applicable)

- 1. I certify that applicant is seeking admission with my consent and that I shall be responsible for her financial liabilities to the hostel.
- 2. I...... (permit/do not permit) my ward to avail the facility of night out as per hostel rules, at her/my risk and responsibility, at the local guardian/s address/s provided below duly approved by me/us, after due permission from the concerned hostel authority.
- 3. I appoint the following two persons as local guardians* for my ward Ms.....

Local Guardian I

Name
Relationship with the resident
Residential address
Official address
Tel no. of residence Tel. no. of Office
Signature of local guardian
Local Guardian 2
Name
Relationship with the resident
Residential address
Official address
Tel no. of residence Tel. no. of Office
Signature of local guardian

Date

Signature of Father / Mother / Husband

Name

* Please note that the local guardians may be contacted for any official purpose or emergency that may arise during the resident's stay in the hostel.

DECLARATION BY THE CANDIDATE

(Please tick as applicable)

- 1. This application is being made in full knowledge of my parent/husband and local guardian.
- 2. 1 declare that my parents/husband...... do/does not reside in National Capital Territory of Delhi/ Faridabad/Gurgaon/Noida/Ghaziabad within 70 k.m.
- 3. 1 hereby declare that in case I absent myself from the hostel for more than a month without prior permission/ intimation to the Hostel authorities, the room allocated to me is liable to get vacated by the Hostel authorities.
- 4. 1 declare that I am neither employed nor doing any paid job anywhere, full or part time.
- 5. I am not an ex-student.
- 6. I have read the rules and regulations of the hostel contained in the Information Bulletin and undertake to abide by them. I shall not plead ignorance of regulations that may be further notified from time to time.
- 7. I vouch for the correctness of the particulars given by me in the application form. I understand that in case particulars given by me are found to be inauthentic my admissions will be cancelled.
- 8. I declare that I do not possess a Ration card/or my name has not been included in any Ration card in the National Capital Territory.
- 9. 1 hereby declare that 1 shall be responsible for any kind of theft/fire in my room.
- 10. I undertake to inform the authorities, in writing any change in any of the particulars given above as and when they occur.
- 11. 1 also undertake to submit myself to the disciplinary jurisdiction of the Vice-Chancellor, the Provost and other authority of the University, who may be vested with authority to exercise discipline under Act, the Statutes, the Ordinances, including ORDINANCE XV(B), (C) and (D), and the rules that have been framed there under by the University and the Hostel.
- 12. I am aware that the Hostel is a double occupancy Hostel and under any circumstances I will not request/claim for single occupancy during my stay in the Hostel.
- 13. I am not to plead ignorance of the rules and regulations contained in the Hostel's Bulletin of Information and also any notified modification made from time to time.
- 14. I also undertake that the Provost is the final authority in all matters.
 - Date.....

Place.....

Signature of the applicant

.....

Countersigned by parents/husband

Name of the Signatory.....

ANNEXURE-A (IN CASE OF EMPLOYED PARENTS /HUSBAND) CERTIFICATE FROM EMPLOYER OF FATHER/MOTHER/HUSBAND OF THE APPLICANT

This is to certify that Mr./M	rs		Father/Mother/Husband	
of Ms an applicant for admission to Rajiv Gandhi Hostel for				
Girls, University of Delhi, I	Delhi-110009 is working in this of	office as (designation)		
and at present is posted at		and his/her office address is		
Also certified that Mr./Mrs.		is presently residing at		
Date:		Name &	Signature address of office with seal	
Note: In case both the paren	ts are employed, two separate cer	tificates from their respective offices are t	o be submitted.	
	EMPLOYED/RETIRED PAI	NEXURE-B RENTS/HUSBAND) CER TIFICAT AT THE PLACE OF RESIDENCI		
This is to certify that Mr./M	rs		Father/Mother/Husband	
of Miss/Mrs.		an applicant for admission t	to Rajiv Gandhi Hostel for	
Girls, University of Delhi, i	is a person retired from Service/r	unning business, namely		
		at		
Also certified that Mr./Mrs		is presently residing at		
Date:				
		Name &	Signature address of office with seal	
For Office use only				
Admitted	Pending	Not admitted	Cancelled	
Resident Tutor	Resident Tutor	Warden	Provost	

RAJIV GANDHI HOSTEL FOR GIRLS

ACKNOWLEDGEMENT SLIP

	Form No
Application form for hostel admission 2024-2025	Date
Name of the applicant	
Subject/ Course	
Subject/ Course	
College/Department	
Bulletin / Registration Fee	
Dulleuli / Registration ree	

Signature of the Dealing Assistant

ANNEXURE-I

UNDERTAKING BY THE STUDENT

(1)	(full name of student with					
	admission/registration/enrolment number) s/o d/o Mr./Mrs./Ms					
	, having been admitted to					
	Rajiv Gandhi Hostel for Girls (name of the institution), have received a copy of the UGC					
	Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.					
(2)	have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.					
(3)) I have also, in particular, perused clause7 and clause 9.1 of the Regulations and am fully aware of the panel and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.					
(4)	I hereby solemnly aver and undertake that					
	(a) I will not indulge in any behaviour or act that may be constituted as ragging under clause 9 of the Regulations.					
	(b) I will not participate in or abet propagate through any act of commission or omission that may be constituted as ragging under clause 9 of the Regulations.					
(5)) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, with prejudice to any other criminal action they may be taken against me under any penal law or any law for the time being in force.					
(6)) I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.					
	Declared this day of month of Year.					

Declared this _____ day of _____ month of _____ Year.

Signature of deponent:

Name:

VERIFICATION

Verified that the contents of this undertaking are true to the best of my knowledge and no part of the undertaking is false and nothing has been concealed or misstated therein.

Verified at	(place)	on this the	of
	· · · · · · · · · · · · · · · · ·		· • /

_____(month)_____,___(year)

Signature of deponent:

Name

ANNEXURE-II

UNDERTAKING BY PARENT/GUARDIAN

(1)	I, Mr./Mrs./Ms(f	ull name of				
	parent/guardian/father/mother/ guardian of,					
	(full name of student with admission/ registration/enrolment	t number)				
	having been admitted to Rajiv Gandhi H	ostel for Girls				
	(name of the institution), have received a copy of the UGC Regulations					
	Menace of Ragging in Higher Educational Institutions, 2009, (hereina	•				
	"Regulations") carefully read and fully understood the provisions contai					
	Regulations.					
(2)	I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.					
(3)	I have also, in particular, perused clause7 and clause 9.1 of the Regulations and am fully aware of the panel and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.					
(4)	I hereby solemnly aver and undertake that					
	(a) My ward will not indulge in any behaviour or act that may be con	nstituted as				
	ragging under clause 9 of the Regulations.					
	(b) My ward will not participate in or abet propagate through any act of or omission that may be constituted as ragging under clause 9 of the R					
(5)	I hereby affirm that, if found guilty of ragging, my ward is liable for according to clause 9.1 of the Regulations, with prejudice to any other c they may be taken against me under any penal law or any law for the time be	riminal action				
(6)	I hereby declare that my ward has not been expelled or debarred from addinstitution in the country on account of being found guilty of, abetting or conspiracy to promote, ragging; and further affirm that, in case the declarate be untrue, the admission of my ward is liable to be cancelled.	r being part of				
Decl	clared this day ofmonth of	Year.				

Signature of deponent: Name: Address: Telephone/Mobile No.:

VERIFICATION

Verified that the contents of this undertaking are true to the best of my knowledge and no part of the undertaking is false and nothing has been concealed or misstated therein.

Verified at	((place)	on this the	(day)	of
	((1)				

_____(month)_____, ____(year)

Signature of deponent: Name