

G L BAJAJ GROUP OF INSTITUTIONS, MATHURA

| APPLICATION FORM FOR HOSTE | L ACCOMMO | DATION | (SESSION: 20 | · 20) | |
|---|--|-------------|---------------------------------|---------------------------------|--|
| (Please $\sqrt{appropriate}$) \Box RENEWAL | NEW APPLICATION File No.: (For Office Use Office U | | | e No.: | |
| Student's Name | | | Registration : | Id: | |
| Gender: Male Female | Affix you | ır 🗌 | Affix your | Affix your | |
| Course: | passport s recently ta | ize ken | passport size recently taken | passport size recently taken | |
| Branch: | photo he (Studer | | photo here (Father's | photo here (Mother's | |
| | Photo) | | Photo) | Photo) | |
| Year: | | | | | |
| Name of Parent / Guardian | | | | | |
| Address | | | | | |
| Name of Local Guardian | | | | | |
| Address | | | | | |
| CONTACT DETAILS | | | | | |
| Contact Numbe | Contact Number(s) | | Email Id(s) | | |
| Student | | | | | |
| Parent | | | | | |
| Local Guardian | | | | | |
| • Do you have any medical history of serio | ous disease | | | Yes / No | |
| (If yes, please state briefly) | | | | | |
| DECLARA | | HE STUD | ENT | | |
| I, ha accommodation and agree that I shall be abide to time with regard to stay in hostel and I shall account | by all the rule | s & regulat | ions framed by the i | | |
| Date: | | | (Si | ignature of Student) | |
| DECLARATION I | | - | | | |
| I assure that my ward will abide by the rules & ward is expelled from the Hostel for violating the | - | of the Hos | stel and I shall have | e no-objection, if my | |
| Date: | | | (Signature of | f Parent / Guardian) | |
| FOR Room No: | OFFICE US | E ONLY | | | |
| Admitted to Hostel on Hos | tel Fee Paid F | Rs | Receint No | | |
| Room handed over with the furniture | | | • | | |

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Remarks, if any

Date:

Signature of Issuing Authority