

## **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