

Date: \_\_\_/\_\_\_

## GL BAJAJ GROUP OF INSTITUTIONS

MATHURA (UTTAR PRADESH)

File No.:	
(For Office Use Only)	

## APPLICATION FORM FOR HOSTEL ACCOMMODATION (SESSION: $20_--20_-$ )

Note: Fill the form in neat a (Please √ appropriate)	nd legible handwriting. Inco	•	·		
(Please v appropriate)	<del></del>	☐ New Application			
	☐ Non- AC Room	☐ AC R	OOM (Boys Hostel Only)		
Student's Name				.:	
Mobile No.		Email Id :		@glbajajgroup.org	
Emergency Contact No  Gender:	☐ Female ☐ CSE-AI ML) ☐ AI & DS	Affix passport size recently taken photo here (Student Photo)	Affix passport size recently taken photo here (Father's Photo)	Affix passport size recently taken photo here (Mother's Photo)	
(2023-24)	II IV				
Name of Parent / Guardian _				· · · · · · · · · · · · · · · · · · ·	
Address					
	PIN				
Mobile No. :		Mobile No. :			
Email Id :	iil Id : Email Id :				
Do you have any medic	al history of serious disease	e (If yes, please state brie	efly)	Yes / No	
<ul> <li>I/We have read the regulations framed b regards to COVID-19.</li> <li>I/my ward is suspend indisciplinary activity.</li> <li>I/We also aware that</li> </ul>	rules & regulations for Host y the Institute from time to t 9 as laid down by the State/C ded/expelled from the Hostel v. I/We shall accept the decision the Hostel Accommodation is deregulations of the Institute ar	rel accommodation and ag ime with regard to stay in central Govt. as well as the as well as the Institute for on of the institute authority s granted for one academi	ree that I/We shall be an hostel. I/We also ensure a Institutions and I/We shall be violating the rules and/o in all respects.	e to follow guidelines in all have no-objection, in or found indulged in an	
Date:/	(Signature	of Student)	(Signature of P	arent / Guardian)	
Room No:		OFFICE USE ONLY	Admitted to Hostel on _		
Room handed over with the					
Remarks, if any					

(Sign. of Issuing Authority)

(Sign. of the Student for Acknowledgement)