CENTRAL UNIVERSITY OF RAJASTHAN

Bandarsindri, NH-8, Tehsil- Kishangarh, District- Ajmer-305817

HOSTEL ACCOMMODATION FORM

- 3. Enclose the photocopy(s) of fee receipts.
- 4. Enclose Fitness certificate (Govt. health center) which should clearly mention that the candidate is not suffering /or does not have history of following-Communicable/infectious Decease, Physical Disease/Mental Disorder, Asthma etc.
- 5. Character certificate from the previous institution where the student was studying.
- 6. Photocopy of Antiragging affidavit by student and parent.

STUDENT PARTICULARS	
NAME:	ENROLMENT No.: (If Allotted)
PROGRAMME:	SESSION: 2020 SEMESTER:
SEX: Male / Female [Please Tick]	PERSONAL CONTACT NUMBER:
DATE OF BIRTH:	NATIONALITY:
CATEGORY: GEN [] SC [] ST [] OBC []	
WHETHER: PWD [] WARD OF EX SERVICE MAI WARD OF DEFENSE PERSONNEL []	N [] WARD OF NRI [] KASHMIRI MIGRANT []
MARITAL STATUS: MARRIED [] UNMARRIED []	
BLOOD GROUP:	EMAIL
MEDICAL ILLNESS (IF ANY):	
COPY OF ONE PHOTO IDENTITY PROOF: (ADHAAR CARD/ VOTER ID / LICENCE / etc.)	
FATHER'S NAME:	Mobile No
MOTHER'S NAME:	Mobile No
COMPLETE PERMANENT ADDRESS (With PIN Code):	
RES PHONE NO:	ADDL MOBILE NO. (IF any):

PERSON TO CON	TACT IN CASE OF EMERGENCY	
NAME:	RELATIONSHIP:	
RES. PHONE NO: OFFICE	CE NO: MOBILE NO.:	
ADDRESS:		
DECLARATION		
hereby declare that all the particulars g	son / daughter of Shrison / daughter of Shrigiven by me above are correct to the best of my knowledge duct for students residing in halls of residence (hostels) and plinary action may be taken against me.	
(Signature of Applicant)	(Signature of Parent/ Guardian) Contact No.:	
VERIFICATI	ION FROM DEPARTMENT	
	ave been verified and found correct. Application is	
Date	(Signature & Seal of HOD)	
ISSUED INVENTO	RY ITEMS IN ROOM	
1) BED 2) STUDY CHAIR	5) CEILING FAN 6) TUBE LIGHT, LAMP	
3) STUDY TABLE (with key)4) STEEL ALMIRAH (SINGLE/IN-BUIL	ILT/SHARED) WITH KEY	
	Signature of Applicant	
FOR OFFICE USE O	NLY (ALLOTMENT DETAIL)	
ALLOTTED BUILDING NO ROOM I	NO DATE OF ALLOTMENT:	
HOSTEL FEE RECEIPT NO.:	DEPOSITED AMOUNT:	
Remark (if any)		
Caretaker		
War	rden Chief Warden	