

GOVERNMENT HOME SCIENCE COLLEGE, SECTOR 10, CHANDIGARH

APPLICATION FORM FOR ADMISSION TO HOSTEL ACCOMMODATION

(Form to be submitted to the Hostel Supdt./Warden)

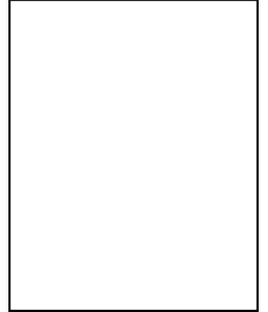
SESSION : 20__ - 20__

Admission No. _____

NAME OF HOSTEL _____ Wing _____ Floor _____

(To be filled by office)

1. Name (in block letters) _____
2. Aadhar Card No. _____ Email ID : _____
3. Nationality _____ Indian/Foreign National
4. Religion : Hindu/Sikh/Christian/Muslim/Bodhi/any other _____
5. Whether belongs to SC/ST/BC/OBC _____
6. Name of College _____
7. Class _____ Roll No. _____
8. Date of Birth _____ (in words) _____
9. Father's Name _____
Contact No. : (R) _____ (O) _____ (M) _____
Email ID : _____
Occupation & Designation _____
Address _____
Place of Posting _____
10. Mother's Name _____
Contact No. : (R) _____ (O) _____ (M) _____
Email ID : _____
Occupation & Designation _____
Address _____
11. Relationship with the Local Guardian _____
12. Is the Ward allowed to travel out station alone. YES / NO
13. Blood Group of the Student _____
14. Will she keep a private vehicle ? YES / NO
If Yes Vehicle No. _____



P L E D G E

I promise to abide by the Hostel Rules as given in the College prospectus & such other rules as maybe made by the Principal/Hostel Supdt. from time to time, including

- i. Hostel Dues and Mess Dues once deposited will not be refunded.
- ii. Only Mess/Hostel Security will be refunded at the end of the session after submitting "NO DUES Certificate".
- iii. Committee of students & Staff has right to forfeit the Mess Security within 6 months in case the student does not submit the "NO DUES Certificate" in time. The amount of Mess Security will be transferred for the welfare of students.

Signatures of the parents/guardian

Signature of student

Recommended by the Hostel Admission Committee

1. _____

3. _____

2. _____

4. _____

Room Rent Rs. _____ Receipt No. _____ Dated _____

for _____ Months only. (including hostel dues)

CHECK LIST

1. Three Passport size Photographs of student
2. Postcard size family group photograph
3. Photographs of Two Visitors
4. SC/ST/BT/Certificate if any
5. Parents and Local Guardian presence is compulsory at the time of hostel admission.
6. College fee Receipt

FOR OFFICE USE

Checked and allotted Room No. _____ Admit to B.Sc./M.Sc. Hostel

Hostel Incharge

Principal,
Govt. Home Science College,
Sector-10, Chandigarh.

GOVERNMENT HOME SCIENCE COLLEGE
SECOR 10, CHANDIGARH (HOSTEL)

Name of Student _____

Father's Name _____

Name of College _____

Student

Local Guardian 1

1. Name _____ Relation _____

Occupation _____ Address _____

Contact No. : (O) _____ (R) _____ (M) _____

Signature of Local Guardian

Local
Guardian

Local Guardian 2

2. Name _____ Relation _____

Occupation _____ Address _____

Contact No. : (O) _____ (R) _____ (M) _____

Signature of Local Guardian

Local
Guardian

CERTIFICATE BY PARENTS

I/We certify that only the above listed Local guardians will visit our ward and will follow the rules strictly without failure.

Signature of Parents

Signature of Student

***Attach Adhaar card/Residence Proof of both the local guardians.**

Hostel Supdt.

**GOVERNMENT HOME SCIENCE COLLEGE SECTOR-10,
CHANDIGARH**

UNDERTAKING by Parents

Session 20 -20

I, _____ Father / Mother of _____
resident of _____ do, hereby, solemnly affirm and declare as under :-

1. That my daughter Ms. _____ has taken admission in B.Sc. / M.Sc. and is a student of _____.
2. That my daughter is taking admission in the hostel of Govt. Home Science College, Sector 10, Chandigarh.
3. That I am admitting my aforesaid daughter in the hostel at my own risk and responsibility.
4. That I am authorizing (i) Mr./Ms.....(ii) Mr./Ms..... residents of tricity as the local guardian, whose specimen signatures and photographs are given in the hostel admission form for supervising regularities, overall behaviour and conduct of my daughter.
5. That I take the responsibility of paying Hostel / Mess dues as per the due dates.
6. I authorize my daughter to go out for an outing at my own risk and responsibility to:
(i) Home Town (ii) Local Guardian (iii) Day Outings
And the College/Hostel authorities are not responsible for her during these outings.
7. That I have no objection to her being expelled from the hostel:
(i) if she is found violating any SOPs / guidelines issued by Chandigarh Administration and MHRD.
(ii) if she fails to abide by the rules & regulations of the hostel, as specified on the College website and other such rules as may be made by the Chandigarh Administration/Principal/Hostel Superintendent from time to time.

PLACE :

Signature of Parent

Date :

GOVERNMENT HOME SCIENCE COLLEGE SECTOR-10, CHANDIGARH

UNDERTAKING BY THE PARENTS

Session 20 -20

I, hereby, permit my daughter Ms. _____ Class _____ Roll No _____, a student of GHSC-10, Chandigarh to stay in the hostel and to attend the classes in the college at her own risk and responsibility. The college and hostel authority will not be held responsible for any happening/ mishappening to my daughter during the current pandemic Covid-19. I also ensure that my daughter will follow all SOPs/guidelines issued by Chandigarh Administration and MHRD.

Signature of Parent

Instructions to be strictly followed:

- 1. At the time of Hostel Admission/ Room Allotment, students have to carry:**
 - a) College and Hostel Fee slips**
 - b) Original hard copy of duly filled Hostel Admission form (Incomplete Form will not be entertained):**
 - i. Hostel Accommodation Form**
 - ii. Health Status Undertaking by the Parents**
 - iii. Hostel's Medical Fitness Certificate by an authorized Doctor**
 - iv. Undertaking from the Parents for hostel**
 - v. Covid-19 Vaccination Certificate**
- 2. Students have to bring their negative COVID-19 (RT-PCR) test report (latest i.e. not more than 72 hours old) at the time of joining the hostel.**
- 3. Night out leave will be allowed once a month. First night out will be granted after a month of joining the hostel.**
- 4. Students are not allowed to go out for coaching after the college hours.**
- 5. It is mandatory for every student to strictly follow the Covid-19 Safety Precautions.**
- 6. If student finds herself sick, report immediately to the hostel staff. If any student is found to be having some preconditions of Covid-19 i.e. cold, cough, fever etc. will be sent back home.**
- 7. After recovery, at the time of joining back the hostel, she has to bring again her latest COVID-19 (RT-PCR) test negative report.**
- 8. The college and hostel reserves the right to disallow any student to stay in the hostel, if she is found violating any SOPs / guidelines issued by Chandigarh Administration and MHRD. And in that case, she has to immediately vacate the hostel.**

Signature of Student

**GOVERNMENT HOME SCIENCE COLLEGE SECTOR-10,
CHANDIGARH
HOSTEL'S MEDICAL FITNESS CERTIFICATE**

Session 20 -20

I, Dr. _____

certify that I have carefully examined Ms. _____

D/O/Mr./Mrs. _____

Address _____

whose signature is given below.

Based on the examination, I certify that she is in good mental and physical health and is not suffering from any chronic ailment/allergy/fatal disease. She is fit to join the hostel.

She has got herself vaccinated with 1st dose/ both doses of Covid-19 Vaccine on the following dates:

Date of 1st dose _____

Date of 2nd dose _____

Blood group of the Student:

Date:

**Signature of the Medical Officer
with official seal and date.**

**GOVERNMENT HOME SCIENCE COLLEGE SECTOR-10,
CHANDIGARH**

HEALTH STATUS UNDERTAKING

Session 20 -20

My ward _____ has taken admission in the B.Sc./M.Sc. hostel (tick) and is a student
of _____

1. The Blood Group of my ward is _____
2. Does / does not suffer from any infections / communicable disease.
3. Does / does not suffer from any chronic disease, (if does / Please tick mark)
Diabetes/Asthma/Heart problem/Skin allergy/Kidney stone/Migraine/menstrual Problem/any other
(specify)_____
4. If yes, I undertake that the medical treatment of my ward is the responsibility of the local guardian, who undertakes to be available at the time of any emergency. The institute will not be held responsible in case of any untoward happening related to the illness.
5. The health and medical treatment of my ward is the sole responsibility of the parent/local guardian and I shall not hold the institute responsible for the same.
6. In case any specialized medical attention / surgery is required for my ward. I shall take my ward from the hostel on the basis of medical leave.
7. In case of any emergency surgery, the consent form will be signed by the local guardian / parent.
8. My ward suffers from the following allergies :
Food Allergies :

Allergies to medicines :
9. **My ward will submit her Covid-19 Vaccination Certificate with the Hostel Accommodation Form.**
10. **My ward will bring her latest Covid-19 test report at the time of physically joining the hostel**

Place :

Date :

Signature of Parent