

# 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. Name of Local Guardian \_\_\_\_\_  
Contact No. : (R) \_\_\_\_\_ (O) \_\_\_\_\_ (M) \_\_\_\_\_  
Email ID : \_\_\_\_\_  
Occupation & Designation \_\_\_\_\_  
Address \_\_\_\_\_
12. Relationship with the Local Guardian \_\_\_\_\_
13. Is the Ward allowed to travel out station alone. YES / NO
14. Blood Group of the Student \_\_\_\_\_
15. Will she keep a private vehicle ? YES / NO  
If Yes Vehicle No. \_\_\_\_\_

# PLEDGE

I promise to abide by the Hostel Rules as given in the College prospectus & such other rules as may be 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 \_\_\_\_\_

**Local Guardian 1**

1. Name \_\_\_\_\_ Relation \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

Contact No. : (O) \_\_\_\_\_ (R) \_\_\_\_\_ (M) \_\_\_\_\_

\_\_\_\_\_  
Signature of Local Guardian

**Local Guardian 2**

2. Name \_\_\_\_\_ Relation \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

Contact No. : (O) \_\_\_\_\_ (R) \_\_\_\_\_ (M) \_\_\_\_\_

\_\_\_\_\_  
Signature of Local Guardian

Student
Local Guardian

Local Guardian
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**CERTIFICATION 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.

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

**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 :

Place :

Date :

Signature of Parent

**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 1<sup>st</sup> dose/ both doses of Covid-19 Vaccine on the following dates:

Date of 1<sup>st</sup> dose \_\_\_\_\_

Date of 2<sup>nd</sup> dose \_\_\_\_\_

**Blood group of the Student:**

**Date:**

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

**Signature of the Student**

**Signature of the Father/Mother**

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

**UNDERTAKING BY THE PARENTS FOR HOSTEL/MESS RULES**

**Session 20 - 20**

I, Mr./Mrs. \_\_\_\_\_, Father/Mother of \_\_\_\_\_ (Student Name), Roll No. \_\_\_\_\_, residing in Hostel Room No. \_\_\_\_\_, hereby undertake and agree to the following conditions:

1. That my ward shall abide by all the rules and regulations of the Hostel/Mess as prescribed by the Institution/Hostel Authorities from time to time.
2. That my ward shall maintain proper discipline, decorum, cleanliness and conduct within the hostel/mess premises.
3. That my ward shall not indulge in any activity that may disrupt the smooth functioning of the hostel/mess or violate hostel/mess rules.
4. I understand and agree that the mess charges/fees shall be payable as per the terms and conditions of the contract/agreement approved by the Institution.
- 5. I further understand that the mess fee charges, menu, facilities and related terms may be revised, modified or updated from time to time as per new contract/agreement by the competent authority and I undertake to pay the revised mess fee as and when notified.**
6. I shall ensure timely payment of all mess fee/dues and any other charges applicable to my ward.
7. In case of non-payment of mess fees or violation of hostel/mess rules by my ward, the Institution/Hostel Authorities shall be free to take appropriate disciplinary or administrative action as per the rules in force.

Place :

Date :

Signature of Parent