



V.K.R.V. RAO HOSTEL
UNIVERSITY OF DELHI
DELHI-110007

Price:Rs. 30/-



APPLICATION FORM FOR ADMISSION FOR THE YEAR 2023

Form No..... Admn. No..... Room Allotted.....
Receipt No..... Date..... Amount.....

IMPORTANT

- * All correspondence in this regard should be addressed on Telephone/Fax No. 27662634 or email provost@vkrvr Rao.du.ac.in
- * All entries must be in capital letters or printed
- * Incomplete application and erroneous information shall lead to automatic disqualification.
- * Attach attested photocopies of the relevant documents/including work experience certificate.
- * Last date for submitting the complete form is.....

COURSE TO WHICH THE APPLICANT IS ADMITTED

Course..... Year.....

Department.....

CATEGORY (Tick One) : GENERAL ☐ SC ☐ ST ☐ OTHER ☐
(Support with Document)

LAST EXAM PASSED.....MONTH/YEAR.....MARKS (in %)
(Supported with Document)

DETAILS OF ANY SCHOLARSHIP/FELLOWSHIP.....

PHOTOGRAPH

To be attested by
the HOD

1. APPLICANTS DETAILS

Email ID: Mobile No.

a. NAME Surname

b. DATE OF BIRTH Marital Status ☐ Married ☐ Single ☐
(Supported with document) Day Month Year

c. HOBBIES

d. NATIONALITY Indian Other

e. Have you ever been a resident of any other Hostel/Hall maintained by the University of Delhi or any of its College or Institution? (Give details; concealing of information would lead to penal action)

(i) Name of the Hostel.....(ii) Duration of stay with dates :

f. WORK EXPERIENCE :- Have you ever been employed, if so please give details.....

Name of organisation with Address	Department	Designation	From	To	Total Period of Work Experience
1.					
2.					

Annexure A

DECLARATION TO BE SIGNED BY ALL RESEARCH STUDENTS

I,hereby declare that I am a bonafide Full-time research student in
(mention subject), working for the M.Phil/Ph.D. Degree of University of Delhi. My registration date is.....
and I have deposited Tuition and other Fees vide receipt No.....dated.....if I take up
employment during the tenure of my residency in the Hostel, I undertake to inform the Hostel authorities about it immediately.
Progress of the research work.....

Signature of the Supervisor

Signature & Seal of the
Head of Department

Signature of the
Research Student

Annexure B

NON-RESEARCH STUDENTS

CERTIFICATE TO BE SIGNED BY THE HEAD OF THE DEPARTMENT/INSTITUTION

I certify that Mr..... is a bonafide, full time student ofclass of
the Department/Faculty ofHe is neither employed nor an ex-student. He has paid the fee* for
the academic Year.....vide Receipt No.....Dated.....* (Photocopy
enclosed).

Dated :

Signature & Seal of the Department/ Faculty

Annexure C

FINANCIAL GUARANTEE AND DECLARATION BY THE APPLICANT'S LOCAL GUARDIAN

1. I certify that the applicant is seeking admission with my consent and I shall be responsible for his financial liabilities in the Hostel. In case the resident leaves the Hostel without payment of any dues, I shall be personally responsible to clear all dues.
2. I may be contacted for any official purpose or emergency that may arise during his stay in the Hostel.

Name of Local Guardian (L.G.).....

Relation with the Candidate.....

The Parent's Relationship with L.G.....

Residential Address.....Mobile Phone.....Landline Phone.....

Office Address.....Mobile Phone.....

Signature of Local Guardian

Signature of Parent

Annexure D

FOR FOREIGN STUDENTS ONLY

Recommendation of the concerned Embassy :.....

Name of the recommending authority.....

Designation.....

Signature & Official/Stamp

Annexure E

MEDICAL FITNESS DECLARATION

1. I declare that I am not suffering from any infection, chronic or any other disease which makes me unfit for stay in the hostel.
2. In case I have any medical problem requiring any specific facility in the Hostel, the same is indicated alongwith supporting documents.
3. My Blood Group is _____

Signature of the Applicant

In addition to the above, foreign students are also required to produce a Medical Certificate from the National Institution of Communicable Diseases, 22 Sham Nath Marg, Delhi-110054.

Annexure F

(IN CASE OF EMPLOYED PARENTS)

CERTIFICATE FORM EMPLOYER OF FATHER/MOTHER OF THE APPLICANT

This is to certify that Mr./Mrs.....Father/Mother of Mr.....an applicant for admission to V.K.R.V. Rao Hostel, University of Delhi is working in this office as (designation).....and at present is posted at.....and his/her office address isAlso certified that Mr./Mrs. is presently residing at.....

Date :

Signature

Name & Office Address with seal

Note : In case both the parents are employed, two separate certificates from their respective officers are to be submitted.

Annexure G

(IN CASE OF SELF EMPLOYED PARENTS)

**CERTIFICATE FORM FIRST CLASS GAZETTED OFFICER CURRENTLY POSTED AT THE PLACE OF
RESIDENCE OF THE PARENTS**

Mr./Mrs.Father/Mother of Mr.....an applicant for admission to V.K.R.V. Rao Hostel, University of Delhi is a person retired from service/running business namelyatAlso certified that Mr./Mrs..... is presently residing at.....

Date :

Signature

Name & Office Address with seal

5. DECLARATION BY APPLICANT :

- a. I declare that the entries given above are correct and that I undertake to inform the authorities in writing of any change in any of the particulars given above as and when they occur.
- b. I have carefully gone through the rules and regulations governing the admission and residency in the V.K.R.V. Rao Hostel, University of Delhi, Delhi-110007 and I agree to abide by the same and all such rules and regulations as may hereinafter be framed in this regard. I know that any violation of the rules and regulations will disqualify me from residency of the Hostel and I may be asked to leave the Hostel immediately. Further, I promise to vacate the Hostel within 7 days of the completion of my final examinations/stipulated period of the programme in which I am admitted. failing which, my room may be double locked.
- c. I also undertake to submit myself to the disciplinary jurisdiction of the Vice-Chancellor, Provost, Warden, Resident Tutor and other authorities of the University who may be vested with authority to exercise discipline under the Act, Statutes, ordinances and rules that have been framed thereunder or may hereafter be framed.
- d. I also undertake to vacate the room on or before the expiry of the academic year.
- e. I declare that my Parents do not reside in 70 km radius of North Campus, Delhi University.

I certify that the above submitted information is correct and nothing has been concealed. In case, any wrong or concealed information is found at any time, strict disciplinary action may be taken against me.

Date.....Place.....Signature of Applicant.....