

# Lady Hardinge Medical College & Associated Hospitals, New Delhi

## Application Form for Undergraduate Hostel

Name: \_\_\_\_\_ Mode of admission: AIPMT/DUMET/GN\_\_\_\_\_

Category: GEN/SC/ST/OBC/PH : \_\_\_\_\_

Father's Name & Designation: \_\_\_\_\_

Official Address & Tel. No.: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Admission in College: \_\_\_\_\_

Expected date of completion of tenure: \_\_\_\_\_

Permanent address: \_\_\_\_\_

\_\_\_\_\_

Proof of permanent address i.e. Telephone bill/Electricity bill: \_\_\_\_\_

Telephone no.(Include STD codes) Res: \_\_\_\_\_

Mobile no: \_\_\_\_\_

**Local guardian /person to be contacted in case of emergency:** \_\_\_\_\_

Name : \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone no. (Include STD codes) Res : \_\_\_\_\_ Mobile no.

: \_\_\_\_\_

Is there any history of illness, allergy or any reason for which you may require special attention by the hostel staff? \_\_\_\_\_

\_\_\_\_\_

**Signature of applicant**

## **Mandatory declaration by all applicants:**

1. The above particular furnished are true to the best of knowledge and belief (in case it is found that any of the particulars are wrong/untrue, I shall be liable for action including expulsion from the hostels)
2. I shall abide by the rules of the hostel and take due care of the property of the hostels. Failure to abide by the rules of the hostel and damage or loss to hostel property shall incite action and penalty according to the rules of the hostel/institution).
3. I shall vacate my room if at any time this is required by the authorities and shall vacate the hostel **within 7 days** (according to current rules) after the completion of my tenure.
4. In all matters related to the hostels the decision of the Director /Hostel warden / or Hostel Committee appropriate authority nominated there of shall be final.
5. No visitor will be permitted inside the hostel.
6. Parents /Guardian of the student will be responsible for the conduct of the student in the hostel. The students are required to observe hostel rules and timings . College administration will not be responsible for any hosteller who leaves the hostel without prior information / permission of warden.

(Kindly read this declaration carefully and sign only if you are satisfied with the above declaration )

Date:

Place:

\_\_\_\_\_

Signature of parent /guardian

Name in block letters:

Relationship;

Address:

\_\_\_\_\_

signature of applicant

\_\_\_\_\_

Signature of forwarding authority

Registrar(Academics)

With Stamp and Date

## Hostel allotment order

Annual hostel rent : Rs.264 /-

Security deposit : Rs. 200 /-

Fan fee : Rs. 16/-

Insurance fee : Rs. 10/-

Total : Rs. 490/-

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The Cashier

Lady Hardinge Medical College

Please accept the hostel charges as enlisted above from miss \_\_\_\_\_

who has been allotted room no \_\_\_\_\_ in \_\_\_\_\_ of the  
undergraduate hostel.

Warden