

# DR. B.R. AMBEDKAR UNIVERSITY DELHI

## Hostel Application Form 2024-2025

Please paste  
your size  
coloured  
picture on the  
right

Please fill all the details in the hostel application form 2024-25 in CAPITAL LETTERS with a blue or black ball point pen only. Kindly attach the self-attested photocopies of the following documents with this filled form before submitting it.

- 1) Admission fee receipt and AUD ID card.
- 2) Marksheet of the last qualifying exam.
- 3) Address Proof and domicile certificate.
- 4) Category certificate (OBC, SC, ST, PWbD)
- 5) CUET Score Card

1. Enrolment number/ Admission registration number \* \_\_\_\_\_
2. Year/Semester of Study \* \_\_\_\_\_
3. Student Name \* \_\_\_\_\_
4. State of Domicile of the Student \* \_\_\_\_\_
5. Residence/ Domicile of the student located in \*  
*Please choose from the given below options, how far in km. is your residence/domicile from Delhi.*  
☐ Less than 50 km   
☐ 50 km-100 km   
☐ 100 km-500 km   
☐ More than 500 km
6. Category \*  
*Please mention the name of your category.*  
Unreserved \_\_\_\_\_  
OBC \_\_\_\_\_  
SC \_\_\_\_\_  
ST \_\_\_\_\_  
PWbD \_\_\_\_\_  
Others \_\_\_\_\_
7. Date of birth \*  
dd-MMM-yyyy \_\_\_\_\_
8. Email \* \_\_\_\_\_
9. Student Mobile Number \* \_\_\_\_\_
10. Family Annual Income \* \_\_\_\_\_  
*Please mention your Family Annual income by all sources*

11. Date of Admission to the University  
dd-MMM-yyyy \_\_\_\_\_
12. Name of the Course/Programme \*  
*Please mention name of the Course/Programme you are enrolled in the University.*
- Bachelors \_\_\_\_\_
- Masters \_\_\_\_\_
- PhD \_\_\_\_\_
13. Duration of the course you are enrolled in the university \*  
*Please note that the hostel is allowed for only one years to each resident with no guarantee for readmission for the consecutive years.*
- 2 years ☐
- 3 years ☐
- 4 years ☐
- More than 4 years ☐
14. Name of the School you are enrolled in the University \*  
*Please mention the name of the School you are studying.*
15. Studying in which AUD Campus? \*  
*Please mention the campus in which your School of study located?*
- Kashmere Gate Campus ☐
- Karampura Campus ☐
- Lodhi Road Campus ☐
- Qutub Institutional Area Campus ☐
16. Preference of Hostel \*  
*Please put both the hostel names- Kaveri Hostel, Kashmere Gate Campus and Savitribai Phule Girls Hostel, Karampura Campus; in order of your preference. Please note this would not guarantee that you would get your first preference.*
- FIRST PREFERENCE \_\_\_\_\_
- SECOND PREFERENCE \_\_\_\_\_
17. Mother's Name \*  
First Last Middle Name \_\_\_\_\_
18. Mother's occupation, designation and office address \* \_\_\_\_\_
19. Mother's Mobile/Contact Number \* \_\_\_\_\_
20. Father's Name \*  
First Last Middle Name \_\_\_\_\_
21. Father's occupation, designation and office address \* \_\_\_\_\_  
*Some Examples: (a) Clerk, Punjab and Sindh Bank. (b) Shopkeeper (c) Farmer etc.*
22. Father's Mobile/Contact number \* \_\_\_\_\_

23. Permanent Address

Street Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City State/Region/Province \_\_\_\_\_

-Select

Postal / Zip Code Country \_\_\_\_\_

24. Present Address

*Please fill your permanent address in this option*

Street Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City State/Region/Province \_\_\_\_\_

-Select

Postal / Zip Code Country \_\_\_\_\_

25. Is admission into Dr. B. R. Ambedkar University the first time when you would be staying/living in Delhi? \*

*Please answer in YES or NO. If the answer is NO then please specify.*

\_\_\_\_\_

26. Name of the Local Guardian \*

First Last Middle Name \_\_\_\_\_

Relationship with the Local Guardian \* \_\_\_\_\_

*Please mention your Family Annual income by all sources.*

Age of the Local Guardian \* \_\_\_\_\_

*Please note that Local guardian is a very responsible person. It cannot be a sibling/ contemporary of the student studying in some other University or educational institution in Delhi*

Local Guardian's Mobile number \* \_\_\_\_\_

Address of the Local Guardian \_\_\_\_\_

Street Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

New Delhi \_\_\_\_\_

-Select

Postal / Zip Code INDIA \_\_\_\_\_

Date and Place

Name and Signatures of the Student

**Dr. B.R.Ambedkar University Delhi**  
**MEDICAL INFORMATION FORM**  
**(TO BE SUBMITTED AT THE TIME**  
**OF INTERVIEW/ADMISSION) (2024-2025 SESSION)**

Name: \_\_\_\_\_  
D/O \_\_\_\_\_  
Age \_\_\_\_\_ Sex: Female Married/Single \_\_\_\_\_ R/O \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, Address and Phone No. of Doctor \_\_\_\_\_  
\_\_\_\_\_

Have you ever been diagnosed with Diabetes/Hypertension/Sleeping disorder/Anorexia/  
Tuberculosis/Asthma/Epilepsy or any Psychiatric illness?

Yes/No

If yes, provide details of treatment taken and name and address of the doctor, \_\_\_\_\_  
\_\_\_\_\_

Are you HIV Positive? Yes/No  
Are you Hepatitis B Positive? Yes/No  
Are you suffering from any categories of skin disorder? Yes/No  
Are you having any known allergies? Yes/No If  
yes, please name it \_\_\_\_\_  
Are you suffering from any heart disease? Yes/No  
Are you having any suffering from any disease which may require sudden emergency treatment? Yes/No  
If Yes, please mention the line of treatment it may require \_\_\_\_ Are you having any known  
Fear/Phobias? Name it \_\_\_\_\_  
Your Menstrual History \_\_\_\_\_ LMP \_\_\_\_\_

Are you pregnant? Yes/No

Other than above any medical information you want to give. (Attach separatesheet) All the  
mentioned details have to be duly certified by the Qualified Medical Practitioner (Allopathy)  
Registered by DMC/State Medical Council.

\* Strike whichever is not applicable.

\*Strike whichever is not applicable.

**Dr. B. R. Ambedkar University Delhi**  
**MEDICAL FITNESS CERTIFICATE**  
**(TO BE SUBMITTED AT THE TIME**  
**OF INTERVIEW/ADMISSION) (2024 - 2025)**

I certify that I have carefully examined Ms./Mrs.\* \_\_\_\_\_  
Daughter/Wife of Mr./Mrs.\* \_\_\_\_\_

whose signature is given below. Based on the examination, I certify that she is in good mental and physical health and is free from any physical defects, which may interfere with her studies including the active outdoor duties required of a professional and her residence in the hostel.

Visible Mark of Identification: \_\_\_\_\_

Blood Group: \_\_\_\_\_

Signature of the candidate: \_\_\_\_\_

Place:

Date:

Name & Signature of the Medical  
Officer with Seal and Registration Number #

\* Strike whichever is not applicable.

# To be signed by a Registered Medical Practitioner holding a degree not below that of M.B.B.S.

**Dr. B. R. Ambedkar University Delhi**  
**CERTIFICATE FOR AVAILING ADMISSION AGAINST**  
**PwBD QUOTA**  
**(TO BE SUBMITTED AT THE TIME OF INTERVIEW/ADMISSION)**

Certified that Ms./Mrs. \_\_\_\_\_  
Daughter / Wife of Mr/Mrs. \_\_\_\_\_ is  
PwBD due to \_\_\_\_\_ and she is fit for undergoing the  
Programme \_\_\_\_\_ at Dr B R Ambedkar University  
Delhi and can be a hostel resident.

(Office Seal)

Name & Signature of The Officer In-charge  
Vocational Rehabilitation Centre For Physically  
Handicapped 9, 10, 11 Karkardooma, Vikas Marg Delhi-110092

Date:

# Dr. B. R. Ambedkar University Delhi

## AFFIDAVIT BY THE STUDENT

- 1) I,....., (full name of student with admission/registration/enrolment number) Daughter of ..... having been admitted to..... (Name of the Programme) ..... (Name of the University) in the campus ..... (Kashmere Gate/Karampura) received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.
- 2) I have, in particular, perused clause 3 (available in the Gazette of India July 4, 2009) of the Regulations and am aware as to what constitutes ragging.
- 3) I have also, in particular, perused clause 7 and clause 9.1 (available in the Gazette of India July 4, 2009) of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 4) I hereby solemnly aver and undertake that
- I will not indulge in any behavior or act that maybe constituted as ragging under clause 3 of the Regulations.
- I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- 5) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal actions that may be taken against me under any penal law or any law for the time being in force.
- 6) I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.
- Declared this ..... Day of ..... Month of Year.

\_\_\_\_\_  
Signature of  
deponent  
Name:

## VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at ..... (Place) on this the ..... (Day) of ..... (Month) (Year)

\_\_\_\_\_  
Signature of deponent

Solemnly affirmed and signed in my presence on this the ..... (Day) of ..... (Month) (Year) after reading the contents of this affidavit.

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### Undertaking from the Student and Guardian

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I, .....daughter of Dr./Mr./Ms. ....

Enrolment.No. .... Program: ..... student of Dr B R Ambedkar University Delhi in the campus of (Kashmere Gate/Karampura) hereby give an undertaking for the following during my stay at the Kaveri (IGDTUW) Kashmere Gate Hostel/ GIRLS HOSTEL Karampura.

I shall abide by the Kaveri Hostel (IGDTUW) Kashmere Gate / GIRLS HOSTEL Karampura Rules and Regulations and follow the code of conduct for students.

- (i) I acknowledge that the University has the authority of taking disciplinary action on me for non-compliance of the same.
- (ii) That I understand the meaning of Ragging and know that the ragging in any form is a punishable offence and the same is banned by the Court of Law. I understand that, in case I am involved in ragging, the case will be reported to the police and the law will take its own course and I will be summarily expelled from the Institute. That I have not been found or charged for my involvement in any kind of ragging in the past. However, I undertake to face disciplinary action/legal proceedings including expulsion from the Institute if the above statement is found to be untrue or the facts are concealed, at any stage in future. That I shall not resort to ragging in any form at any place and shall abide by the rules/laws prescribed by the Courts, Government of India and the University authorities for the purpose from time to time.
- (iii) I understand that as per the Rules and Regulations, I will not be permitted to possess or use any motorized vehicle (2-4 wheelers) inside the Hostel campus, unless I am permitted to do so by a written prior authorization from the Chief Warden.
- (iv) In the event of my involvement in any activity outside the campus which is punishable by the law of the land, the Institute shall in no way provide any support to me and will not be responsible either for my action.
- (v) I also declare that I am not suffering from any serious/contagious ailment including psychology related symptoms.
- (vi) I will fully abide by the hostel rules. If at any stage, I am found to violate hostel rules or indulge in any case of misconduct, I understand very clearly that my hostel allotment may instantly be cancelled without assigning any reason.
- (vii) That I have read and understood the directives of the Hon'ble Supreme Court of India on anti-ragging. I have submitted the required affidavit and undertaking forms duly signed by my parents and also myself.

Signature of Student

I hereby fully endorse the undertaking made by my daughter.

Signature of Mother/Father and or Guardian.



## Dr. B. R. Ambedkar University Delhi

### AFFIDAVIT BY THE PARENT/GUARDIAN

1. I Mr./Mrs./Ms. ...., (full name of the parent/guardian) father/ mother/ guardian of Mr./Ms. ...., (full name of student with admission/registration/enrolment number) having been admitted to .....(name of the programme).....(name of the University) in the campus of ..... (Kashmere Gate/Karampura ) have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.
2. I have, in particular, perused clause 3 (available in the Gazette of India July 4, 2009) of the Regulations and am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9.1 (available in the Gazette of India July 4, 2009) of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that
  - a) My ward will not indulge in any behavior or act that maybe constituted as ragging under clause 3 of the Regulations.
  - b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
5. I hereby affirm that, if found guilty of ragging My ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal actions that may be taken against me under any penal law or any law for the time being in force.
6. I hereby declare that My ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this ..... Day of..... Month of Year.

\_\_\_\_\_  
Signature of  
deponent  
Name:  
Address:  
Telephone/Mobile No:

### VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at ..... (Place) on this the ..... (Day) of ..... (Month) (Year)

\_\_\_\_\_  
Signature of deponent

Solemnly affirmed and signed in my presence on this the ..... (Day) of ..... (Month) (Year) after reading the contents of this affidavit.

**Dr. B. R. Ambedkar University Delhi**

**UNDERTAKING**

I.....,D/O..... student  
of.....R/O.....  
.....hereby undertake that:

1. The hostel has been allotted to me for the current academic year 2022-23 only and I shall not claim any right to readmission in the hostel next year.
2. I shall abide by the Rules and Regulations of the hostel. In case, I am found to indulge in any antisocial activity /in disciplinary act/breaking hostel rules and regulations, my hostel admission shall be cancelled.
3. In all above cases, the decision of the Warden/ Chief Warden shall be final and I undertake to abide by their decision under all circumstances.
4. In case of any medical emergency the local guardian would immediately come to the hostel and take care of my ward and all medical expenses shall be borne by me or my local guardian.
5. I agree to vacate the hostel room on the last working day of the current academic session 2022-2023

Signature of Mother/Father

Signature of the student