

IGDTUW Hostels
Indira Gandhi Delhi Technical University for Women
Kashmere Gate, Delhi -110006
APPLICATION FORM
(20__ - 20__ Session)

S.No _____ (ALL ENTRIES MUST BE MADE IN CAPITAL LETTERS)

**Affix a latest
Passport size
Photograph
here**

1. Name of Student Ms./Mrs.: _____
2. Nationality: _____
3. Date of Birth: _____
4. Enrolment No: _____
5. JEE Rank (For New Admission) _____
5. Course: _____
6. Date of joining the University: _____
7. Category (Delhi, Outside Delhi and NCR) _____
SC/ST/PH/DEF/KM/GEN)
- (i) Name of the Parents: Father- _____
Mother- _____
E-Mail ID of Parent: _____

9. Present address of the Parents:

OFFICE

RESIDENCE

Tel. No _____
Mobile _____

Tel.No. _____
Mobile _____

10. To be filled by the Office: Allotted Room No: _____

11. Name and Address of Local Guardians:

OFFICE

RESIDENCE

I) _____

Tel. No _____

Mobile _____

Tel.No. _____

Mobile _____

II) _____

Tel. No _____

Mobile _____

Tel.No. _____

Mobile _____

12. Contact Address in case of Emergency:

Tel. No _____

Mobile. _____

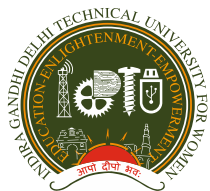
13. Mobile No. of the Student: _____

14. E-mail ID of the Student: _____

15. Extra Curricular Activities: _____

Date:

Signature of Student



**IGDTUW Hostels
Indira Gandhi Delhi Technical University for Women
Kashmere Gate, Delhi -110006**

**MEDICAL INFORMATION FORM
(TO BE SUBMITTED AT THE TIME OF INTERVIEW/ADMISSION)
(20____-20____ 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 _____

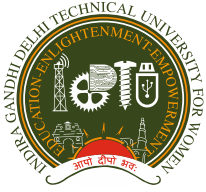
Your Menstrual History _____ LMP _____

Are you pregnant? Yes/No

Other than above any medical information you want to give. (Attach separate sheet)

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.



**IGDTUW Hostels
Indira Gandhi Delhi Technical University for Women
Kashmere Gate, Delhi -110006**

**MEDICAL FITNESS CERTIFICATE
(TO BE SUBMITTED AT THE TIME OF INTERVIEW/ADMISSION)
(20__ - 20__)**

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: _____

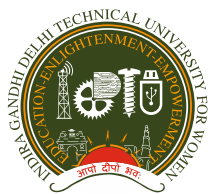
Place:

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



**IGDTUW Hostels
Indira Gandhi Delhi Technical University for Women
Kashmere Gate, Delhi -110006**

**CERTIFICATE FOR AVAILING ADMISSION AGAINST PHYSICALLY
HANDICAPPED QUOTA
(TO BE SUBMITTED AT THE TIME OF INTERVIEW /ADMISSION)**

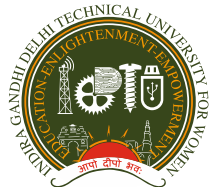
Certified that Ms./Mrs. _____
Daughter / Wife of Mr/Mrs. _____ is physically
handicapped due to _____ and she is fit for undergoing the
course(s) _____ at Indira Gandhi Delhi Technical
University for Women, Delhi and can be a hostel resident.

(Office Seal)

Name & Signature of
The Officer In-charge
Vocational Rehabilitation Centre

For Physically Handicapped 9, 10, 11Karkardooma,
VikasMarg Delhi-110092

Date:



**IGDTUW Hostels
Indira Gandhi Delhi Technical University for Women
Kashmere Gate, Delhi -110006**

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 Institution) 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.

Appendix-IV (C)

Undertaking from the Student and Guardian

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

Reg.No. Program: Dept.: student of IGDTUW hereby give an undertaking for the following during my stay at the IGDTUW Hostel.

- (i) I shall abide by the IGDTUW Hostel Rules and Regulations and follow the code of conduct for students.
- (ii) I acknowledge that the University has the authority of taking disciplinary action on me for non-compliance of the same.
- (iii) 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.
- (iv) I understand that as per IGDTUW 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.
- (v) 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 be not be responsible either for my action.
- (vi) I also declare that I am not suffering from any serious/contagious ailment including psychology related symptoms.
- (vii) I will fully abide by the hostel rules. If at any stage, I am found to violate hostel rules on indulge in any case of misconduct, I understand very clearly that my hostel allotment may instantly be cancelled without assigning any reason.
- (viii) 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 Father/Mother and or Guardian.



**IGDTUW Hostels
Indira Gandhi Delhi Technical University for Women
Kashmere Gate, Delhi -110006**

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 institute), 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:

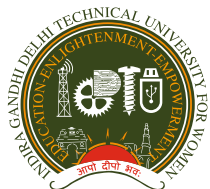
VERIFICATION

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.



**IGDTUW Hostels
Indira Gandhi Delhi Technical University for Women
Kashmere Gate, Delhi -110006**

UNDERTAKING

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

1. The hostel has been allotted to me for the current academic year 2019-20 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 2019-2020.

Signature of Father/Mother

Signature of the student