Rayat Shikshan Sanstha's

Annasaheb Awate Arts, Commerce & Hutatma Babu Genu Science College, Manchar

HOSTEL ADMISSION FORM 2023-24

To, The Pr	incipal,		Photo		
Sir,					
	n to apply for admission to the hostel fro hing below the necessary information.	m to	and I an		
1.	Name of the applicant (in Block Letter):				
2.	Programme/Branch/Class/Semester	:			
3.	Father's Name	:			
4.	Mother's Name	:			
5.	Date of Birth :	5. Blood Group :			
6.	Allergy to any Medicine if Yes, Please mention:				
7.	Email ID :	8. Mobile No. :			
9.	Address of Correspondence (in Block Lette	er) :			
		Phone No. :			
10.	Occupation/Designation of :				
	Father:	Mother :			
11.	Name of the relatives/visitor (Other than Phone No.	Parents/Local Guardian) with	n addressand		
	i)				
	ii)				
	iii)				

12. In case of emergency, we can contact Mr./Ms./Mrs

	at Residence PhoneOff	fice No	
	Relationship with you		
<u>Decla</u>	claration by the applicant		
1.	I have carefully read and understood all the rule will follow the rules and regulations and subse down by the College.		
2.	I understand that a suitable action can be taken against me if I do not abide by the rules & regulations of the Institute. If I leave the hostel on my own then I will expelled from the Hostel in the midst of the session, I will not be entitled to claim any fee refund.		
3.	I certify that the information above is true to the best of my knowledge and belief. I further declare that anything happens to me or any kind of mishaps occurs outside/inside of the hostel due to my negligence/fault, the hostel authority will not be responsible for that.		
4.	I understand that in case of any natural calamiti any losses and damages.	es, college will not be responsible for	
5.	For the loss or breaking any furniture I will pay the bills of it.		
		Signature of the Student	
		Signature of the Father/Mother	
	For Official Use Onl	y	
Dat	Pate of Admission in Hostel :	_Room Allotted :	
Signa	gnature of the Hostel Superintendent	Signature of the Hostel Warden	

ANNEXURE I AFFIDAVIT BY THE STUDENT (full name of student with admission/ I,..... registration/enrolment number)s/o d/oMr./Mrs./Ms.....having admitted to....., have received acopy 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. 1) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging? 2) I have also, in particular, perused clause 7 and clause 9.1 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. 3) I hereby solemnly aver and undertake that a) I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations. b) 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. 4) 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 action that may be taken against me under any penal law or any law for the time being in force. 5) 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 partof the affidavit is false and nothing has been concealed or misstated therein. at_____(place)____ Verified on this the (day)____of(month)(year)____

Solemnly affirmed and signed in my presence on this the (day) of (month) (year) after reading the contents of this affidavit.

Signature of deponent

ANNEXURE II AFFIDAVIT BY PARENT/GUARDIAN

I,	Mr./Mrs./Ms	(full	name	of parent/guardian)		
fath	er/mother/guardian	of				
		with admission/registration/enro	· 			
(nar	me of the institution)	, have i	received a copy of		
the	UGC Regulations of	n Curbing the Menace of Raggi	ng in Higher Educational	Institutions, 2009,		
(He	reinafter called the	"Regulations")/ Carefully read	and fully understood the pr	ovisions contained		
in th	ne said Regulations.					
2)	I have, in part	icular, perused clause 3 of thing?	ne Regulations and am a	ware as to what		
3)	I have also, in particular, perused clause 7 and clause 9.1 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)		ly aver and undertake that				
a)		I not indulge in any behavause 3 of the Regulations.	vior or act that may be	e constituted as		
b)		ill not participate in or abet omission that may be consti-		any act of lause 3 of the		
5)	to clause 9.1 of	that, if found guilty of ragging, the Regulations, without prejud y ward under any penal law or a	ice to any other criminal a	action that may be		
6)	I hereby declar institution in the conspiracy pro-	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 pat of a conspiracy promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.				
	Declared this	day of mo	onth of	year.		
Sigr	nature of deponent					
Telephone/ Mobile No.:						

MEDICAL CERTIFICATE

(To be signed by a registered medical practitioner holding

M.B.B.S. degree) (To be submitted at the time of hosteladmission)

This is to certify that I have carefully examined Mr./Ms.				
S/D/o Mr./Ms. whose signature	e is given			
below				
based on the examination, I certify that he/she is in good mental and physical	health and			
does not suffer from any infectious and contagious disease harmful to other	ers or may			
interfere with his/her studies.				
Marks of Identification :				
Signature of the candidate:				
Place:				
Date:				

Name and signature of the Medical Officer With Seal & Registration No.