



UTTARAKHAND AYURVED UNIVERSITY

Registration Form for Under Graduate and Post Graduate Students

Hostel Form

(Incomplete Hostel form will not be entertained)

*to be filled every year at the time of admission by studying students.

1. Name:
(as per High School certificate, not be included Mr./Mrs./Miss./Dr. etc.)
Tel./Mob.: E-mail id:
2. Course:
3. Year:
4. Gender:
5. Nationality:
6. Date of Birth(dd/mm/yyyy):
(attach attested photocopy of High School certificate)
7. Category(Gen/SC/ST/OBC):
(attach certificate from competent authority)
8. Subcategory(PH/FF/AFS/WV):
(attach certificate from competent authority)
9. Father's Name:
Tel./Mob.: E-mail id:
10. Mother's Name:
Tel./Mob.: E-mail id:
11. Local Guardian's Name:
Relationship:
Tel./Mob.: E-mail id:
12. Full mailing Address :
.....
Pin Code: Tel./Mob.:
13. Permanent Address :
.....
Pin Code: Tel./Mob.:

Affix recent
Photograph duly attested
by Principal/Director of
the Institute from which
the student is being
enrolled

14. Whether Last Hostel Fee Paid (Yes/No):

(If yes please submit your previous hostel Fee Details):

15. Name of Hostel Warden:

16. Fees Details for Hostel Allotment:

Amount (in digits) Rs. _____

Amount (in words):

Bank Name/Branch:

DD Number: Issue Date: (dd/mm/yyyy)

17. CHOICE OF OTHER ROOM PARTNERS (IN CASE OF TRIPLE/DOUBLE SEATED ROOMS):

1. Student Name:

2. Student Name:

(1) I request you to admit me to the Hostel (as mentioned above).

(2) I will strictly follow the rules and regulations of the hostel/mess, as framed from time to time, failing which I understand that the hostel/college authorities may take appropriate action against me including expulsion from the hostel or the college.

(3) I shall not change my allotted room. In case it is found that I have changed my room, the hostel/college authorities may take appropriate action against me with which I shall abide.

(4) The hostel allotment is based on academic performance, class attendance, general conduct and discipline. In case I cease to meet any of these criteria after the allotment, I may be asked to vacate the hostel.

Date: _____

Place: _____

(Name and Signature of the Student)

(Signature of the Parents/Local Guardian)

FOR OFFICIAL USE ONLY

Hostel Fee Rs. _____

Amount (in words):

Allotted Hostel Name:

Allotted Hostel Room No.:

.....
(Office Assistant)

.....
(Hostel Incharge)