



Guru Gobind Singh Indraprastha University

A R A V A L I B O Y S H O S T E L

Sector 16-C, Dwarka, New Delhi-110078

DATE- 07-03-2022

THIRD LIST OF HOSTEL ALLOTMENT FOR THE SESSION 2021-22 (FOR OD, FOREIGN, DELHI NCR AND DELHI GEN WITH OUTSIDE RESIDENCE)

The following students are required to appear in Warden Office of Aravali Boys Hostel *in persons* with parents/ Local guardian for Hostel Admission for academic session 2021-22 between 02:00 PM to 5:00 PM from March 8, 2022 to March 14, 2022.

Hostel fees required to deposit three separates Demand Draft at Hostel Office during the time of admission:

- 1- 1st Demand Draft of Rs. 20250/- (Rupees Twenty Thousand Two Hundred Fifty) in favor of
"Registrar, G.G.S.Indraprastha University"
- 2- 2nd Demand Draft of Rs.21000/- (Rupees Twenty One Thousand) in favor of
"Aravali Boys Hostel Mess Account" payable in Delhi.
- 3- 3rd Demand Draft of Rs.3000/- (Rupees Three Thousand) in favor of
"Aravali Boys Hostel Welfare Account"

The following documents are required to produce at the time of Admission in Hostel:


1. Three Passport size Photograph.
2. Residence Proof (Electricity Bill/ Adhar Card/ Voter ID card).
3. Medical Certificate.
4. Original Admission/ Reporting Slip/ fees Slip
5. Self Attested Mark Sheet of 12th / Graduation.
6. Copy of antiragging form Parents and Students (available on website www.antiragging.in)

The provisional hostel allotments are subjected to verification of all the relevant documents mentioned in hostel admission brochure 2021-2022.

The Shortlisted Students are advised to read Hostel Admission Brochure available on the University Website for details rule governing Hostel Residency.

07 March 22

SL NO.	NAME	FATHER'S NAME	ENROLMENT NO.	COURSE	CATEGORY
1	AMAN CHAURASIA	UMESH CHAURASIA	00116659421	MBA (FA)	ODGEN
2	AAKASH VERMA	UMA SHANKAR	05616401521	B.TECH (IT)	DGEN/(OUTSIDE RESIDENT)
3	DHRUV SACHDEVA	UMESH KUMAR	00916404521	MCA (SE)	ODGEN
4	SHIVANKAR JOSHI	PRABHAKAR JOSHI	04820314021	MASS COMM.(USMC)	ODGEN
5	GAURAV CHOPRA	ISHWAR SINGH CHOPRA	05216403221	B.TECH (CSE)	DR
6	AARAV MATHUR	ATUL KUMAR MATHUR	03416503821	BALLB	DR
7	AMAN MEENA	BRAJ MOHAN MEENA	0171640219	B.TECH (CSE)	DR
8	TANMAY KUMAR	RAJESH KUMAR	00116412821	B.TECH (ECE)	DR
9	AYUSH BALIYAN	SANJEEV BALYAN	03316403221	B.TECH (CSE)	DR
10	BHARAT SAHAY	SANJAY KUMAR	01816403221	B.TECH (SCE)	DR
11	ADITYA KUMAR	LAJJA RAM	00316403220	B.TECH (CSE)	DR
12	FAISAL ALI	ASHRAF ALI	01316101420	B.TECH	DR
13	RAHUL BALOT	MANOHAR LAL MEENA	04016503819	BALLB	DR
14	JAYANT AUGUSTINE TOPPO	KULRANJAN TOPPO	03316603921	MBA	DR
15	ARVIND SINGH	PRATAP SINGH	01416412820	B.TECH (ECE)	DR

 07th March 2022
Vinay Shah

Warden, Aravali Boys Hostel

Copy to:-

1. In charge, UITS to PI upload on the university website.
2. Aravali Boys Hostel notice board.
3. All concerned.
4. Guard File.

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ARAVALI BOYS HOSTEL G.G.S. INDRAPRATHA UNIVERSITY

S. NoAllotted Room No.....

BOY'S HOSTEL
GGs Indraprastha University
 Dwarka, Sec-16C, New Delhi-110078
Hostel Application Form
 For the Academic Year 2021-2022
 (ALL ENTRIES MUST BE MADE IN
 CAPITAL LETTERS)



1. Name of Student Ms./Mrs.....
2. Nationality.....
3. Date of Birth.....
4. Enrolment No.
5. Programme & University School of Study.....
6. a) Date of Joining University
- b) Date of Joining the Hostel
7. Category (Delhi, Outside Delhi and
 SC/ST/PH/DEF/GEN)

8. Name of Parents : Father

Mother

9. Present Address of the Parents :

OFFICE

RESIDENCE

.....

.....

.....

Tel No.....

Tel No.....

Mobile

Mobile

**In case of change in Residential Address of parents during the session :*

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

Residence :

Tel • Email ID •

(Signature of Warden)

11. Undertaking by the Parents

I hereby declare that
Shri/Km. is my ward.
I nominate Shri / Mrs. the relevant
information about whom is furnished below, as his/her local guardian. If my ward Shri / Km
..... vioates any rules or regulations
Disciplinary rules of the University.
Name & address of Local Guardians (Mandatory)

OFFICE

RESIDENCE

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.....

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.....
.....

Tel No.

Tel No.

Email ID.

Email ID.

ii)

ii)

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.....

.....
.....

Tel No.

Tel No.

Email ID.

Email ID.

11.b) I, Father / Mother of
certify that the above information are correct.

11.c) Foreign students are required TC submit approved local Guardians address from Director, International Affairs of
GGS Indraprastha University.

12 Contact Address in case of Emergency:

.....
.....
.....

Tel No.

Mobile No.

13. Mobile No. of the Student

14 Email ID of the Student

15 Medical Certificate: Attached / Not Attached (As given in Appendix II A & B)

16 Extra Curricular Activities

(Signature of Student)

(Signature of Parents)

HOSTEL IDENTITY CARD FORM
(to be filled by the student) 2021-2022

The Photo
Should
be Attested by
the warden /
Chief Warden

1. Name Class..... Subject.....
2. Father's Name
2. Mother's Name
3. Date of Birth (Day, Month, Year).....
4. Permanent Address
.....
.....
5. Address of Parents for Correspondence (if different from above) (Phone / Fax / E-mail) / Mobile.....
.....
6. Name and Address of Local Guardian
(Phone / Fax / E-mail) / Mobile.....
.....
7. Room No.....Name of the Hostel.....
8. Hostel/Admission fee Receipt No.....Date.....Signature of Clerk

Signature of Hostel Warden

Signature of Chief Warden

MEDICAL FITNESS FORM

(to be submitted at the time of Interview/Admission)

(2021-2022 Session)

Name of Student Ms./Mrs.....

s/o

Age.....Sex:..... Marital Status.....

Name, Address and Phone No. of Family 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 category of **Skin Disease**?

If yes, please specify

Are you suffering from any heart disease? Yes / No

Are you 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 suffering from any fear / Phobia. If yes, please specify

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

All the mentioned details have to be duly certified by a qualified medical practitioner (Allopathy)

registered by DMC/State Medical council

* Strike whichever is not applicable.

Use in original

**CERTIFICATE FOR AVAILING ADMISSION AGAINST PHYSICALLY
HANDICAPPED QUOTA**

(To be submitted at the time of Interview/Admission)
(2021-2022 Session)

Certified that Mr/Ms./Mrs
Son/Daughter/Wife of is
Physically handicapped due to and he/she is fit
For undergoing the course(s)
.....

At Guru Gobind Singh Indraprastha University, Delhi and can be a hostel resident.

(Office Seal)

Name & Signature
The Officer-in-charge
Vocational Rehabilitation
Centre for Physically Handicapped

Date:

*** Note: Use photocopy of this Form**