



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- 31-07-2024

FIRST LIST OF HOSTEL ALLOTMENT FOR THE SESSION 2024-25

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 2024-25 between 02:00 PM to 5:00 PM from 01st August 2024 To 08th August 2024.

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

- 1- 1st Demand Draft of Rs. 46,000 /-(Rupees Forty Six Thousand only) in favor of "Registrar, G.G.S.Indraprastha University" payable in Delhi
- 2- 2nd Demand Draft of Rs.46000/- (Rupees Forty Six Thousand only) in favor of "Aravali Boys Hostel Mess Account" payable in Delhi.
- 3- 3rd Demand Draft of Rs.4000/- (Rupees Four Thousand only) in favor of "Aravali Boys Hostel Welfare Account" payable in Delhi

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 of 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 2024-2025.

The Shortlisted Students are advised to read Hostel Admission Brochure available on the University Website (<http://www.ipu.ac.in/hostels.php>) for details rule governing Hostel Residency.

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SL NO.	NAME	FATHER'S NAME	ENROLMENT NO.	COURSE	CATEGORY
1	SHIVAM JOSHI	SUSHEEL KUMAR JOSHI	NA	B.TECH (CSE)	ODPH
2	NISHANT BARANWAL	PRABHU NATH PRASAO	NA	MCA (SE)	ODGEN
3	TEMJENWAPANG CHANGKIRI	LATE SADEM CHANGKIJA	NA	B.TECH (CSE)	ODST
4	UJJWAL KUMAR SINGH	MILAN KUMAR SINGH	NA	B.TECH (IT)	ODGEN
5	KAMAL CHHAWARI	KULDEEP CHHAWARI	NA	B.TECH (CE)	ODOBC
6	ARNAV KUMAR SINGH	KUNWAR RANJIT SINGH	NA	B.TECH (CSE)	ODEWS
7	SATYAM GOYAL	SANTOSH KUMAR AGARWAL	NA	BA LLB	ODGEN
8	ARPIT KUMAR AGRAWAL	SANDIP KUMAR AGRAWAL	NA	BBA	ODGEN
9	YASH	MAHENDER SINGH	NA	B,TECH (CSE)	ODGEN
10	KUSHAGRA TRIPATHI	MAHENDRA KUMAR TRIPATHI	NA	B.TECH (ECE)	ODGEN
11	MONU KUMAR	CHHINGA SINGH	NA	B.TECH (CSE)	ODSC
12	ANUBHAV TIWARI	SUSHMA TIWARI	NA	B.TECH (IT)	ODGEN
13	DEEPAK VERMA	JAIKARAN SINGH	NA	M.TECH (IB)	ODGEN
14	ANURAG	RAM NARESH	NA	BBA	ODSC
15	ADITYA KUMAR SAH	SANKAR SAH	NA	B.TECH(IT)	ODST
16	ARJUN MEENA	PANKAJ MEENA	NA	B.TECH (CSE)	ODST
17	BHAVYA BADGOTI	DEV DUTT MEENA	NA	BBA LLB	ODST
18	AKSHIT NAG	RAJEEV NAG	NA	MBA	ODGEN
19	NIRNAY PANDE	COL.NIRMALENDU PANDE	NA	BA (LIBERAL ARTS)	ODGEN
20	AYUSH RANJAN	BALRAM KUMAR	NA	B.TECH (ECE)	ODGEN
21	UJJWAL UBEROI	P.J.S. UBEROI	NA	LLM (APR)	ODGEN

22	SUDHIR MAURYA	AWADHESH MAURYA	0011601542 4	M.TECH (IB)	ODGEN
23	SHOURYA URAON	JAI SHANKER URAON	0042042182 4	BA (LIBERAL ARTS)	ODST
24	NISHCHAY GOEL	AJAY GOEL	0661640322 2,	B.TECH (CSE)	ODEWS
25	SHAILESH KUMAR GIRI	TARA CHANDRA GIRI	NA	B.TECH (CT)	ODOBC
26	DEVWRATT	TULI DASS	NA	B.TECH (CSE)	ODGEN


31st July 2024

Vinay Shah

Warden, Aravali Boys Hostel

Copy to:-

1. Aravali Boys Hostel notice board.
2. All concerned.
3. Guard File.

Appendix-I

S. NoAllotted Room No.....

BOY'S HOSTEL
GGs Indraprastha University
 Dwarka, Sec-16C, New Delhi-110078
Hostel Application Form
 For the Academic Year 2024-2025
 (ALL ENTRIES MUST BE MADE IN
 CAPITAL LETTERS)

Affix your latest
 passport size
 photograph
 here

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/DEFGEN)
8. Name of Parents : Father.....
- Mother.....

9. Present Address of the Parents :

OFFICE

RESIDENCE

.....

.....

TelNo.....

TelNo.....

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

Ihereby 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

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

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

Tel No.

Tel No.

Email ID.

Email ID.

ii)

ii)

.....

.....

.....

.....

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)
Date:

(Signature of Parents)

HOSTEL IDENTITY CARD FORM
(to be filled by the student) 2024-2025)

The Photo
Should

be Attested by
the warden /
Chief Warden

1. Name Class..... Subject.....
2. Father's Name
1. Mother's Name
2. Date of Birth (Day, Month, Year)
3. Permanent Address
.....
.....
4. Address of Parents for Correspondence (if different from above) (Phone / Fax / E-mail) / Mobile.....
.....
5. Name and Address of Local Guardian
(Phone / Fax / E-mail) / Mobile
6. Room No.....Name of the Hostel.....
7. 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)
(2024-2025 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 (Alopathy)

registered by DMC/State Medical council

*** Strikewhichever is not applicable.**

Use in original

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

(To be submitted at the time of Interview/Admission)
(2024-2025 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

MEDICAL CERTIFICATE
(to be submitted at the time of Interview/Admission)
(2024-2025 Session)

I certify that I have carefully examined Ms./Mrs:"

Son/Wife of Mr./Ms./Mrs*.

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

Visible Mark of Identification

Blood Group :

Signature of the Candidate :

Place :

Date :

Name and 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 MBBS.

Use in Original

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