



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- 22-02-2022

SECOND 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 February 23, 2022 to March 02, 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"

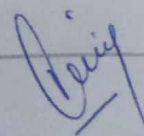
The following documents are required to produce at the time of Admission in Hostel:

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.

SL NO.	NAME	FATHER'S NAME	ENROLMENT NO.	COURSE	CATEGORY
1	AASHUTOSH SAH	KAUSHAL SAH	70216403213	B.TECH (CSE)	FOREIGN
2	KANISH KUMAR	AVANIT KUMAR	01116412821	B.TECH (ECE)	DGEN(OUTSIDE RESIDENCE)
3	SHRUTI VALLABHA SHARMA	G K SHARMA	05216404521	MCA (SE)	DDEF(OUTSIDE RESIDENCE)
4	AKSHIT VERMA	MANISH KUMAR VERMA	01716412821	B.TECH (ECE)	DGEN(OUTSIDE RESIDENCE)
5	AMAN KEHSHARWANI	GANESH KEHSARWANI	06416412821	B.TECH (ECE)	ODGEN
6	ANKIT SINGH CHAUHAN	ATTAR SINGH CHAUHAN	04416412821	B.TECH	DGEN(OUTSIDE RESIDENCE)
7	HIMANSHU	SATISH KUMAR GUPTA	03816412821	B.TECH (ECE)	DGEN(OUTSIDE RESIDENCE)
8	NARENDER SINGH PAWAR	DEV SINGH PAWAR	0381641820	B.TECH (ECE)	DGEN(OUTSIDE RESIDENCE)
9	ASHUTOSH KUMAR	MANITOSH KUMAR	03816503521	BBALLB	DGEN(OUTSIDE RESIDENCE)
10	SYED FAISAL HASSAN	MEHBOOBUL HASSAN	05816412821	B.TECH (ECE)	DGEN(OUTSIDE RESIDENCE)
11	KUSHAL UTTAM	ASHOK KUMAR	04916659421	MBA(FA)	DGEN(OUTSIDE RESIDENCE)
12	VAIBHAV GARG	SUNDER LAL GARG	04716503520	BBALLB	ODGEN
13	DIPANSHU KUMAR	DEVENDER KUMAR SHARMA	02016412820	B.TECH (ECE)	ODST
14	GAGANDEEP	SHOBHIT KUMAR TYAGI	02316403221	B.TECH (DUAL DEGREE)	ODGEN
15	AMAN YADAV	PREM SINGH	00916401520	B.TECH (IT)	ODGEN
16	HARSHJEET	SANJEET KUMAR	04916412821	B.TECH (ECE)	ODGEN
17	ASHISH BUGALIA	MANOJ KUMAR		B.TECH (USCT)	ODOBC
18	ABHISHEK	ANANGPAL SINGH	044164103221	B.TECH (CSE)	ODGEN
19	AMAN SHARMA	MANOJ KUMAR SHARMA	04916403221	B.TECH (CSE)	ODGEN
20	VANSH GUPTA	MOHIT GUPTA	06116412820	B.TECH (ECE)	ODGEN



Vinay 22 Feb 2022

Vinay Shah

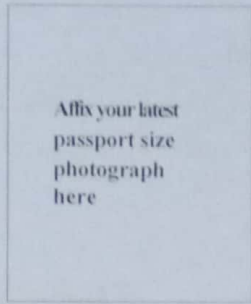
Warden, Aravali Boys Hostel

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.

S. No Allotted 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)



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/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

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

Tel No. Tel No.

Email ID. Email ID.

i) 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)

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

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, and 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