

Sr. No. _____ (for office use only)

**GURU JAMBHESHWAR UNIVERSITY OF SCI. & TECH., Hisar
(HOSTEL STAY FORM 2021-22)**

Note: All columns of this form must be clearly filled by the applicant in his/her own handwriting.

1. Date of arrival : _____

2. Date of leaving : _____

3. Name : _____

4. Father's Name : _____

5. Mother's Name : _____

6. COVID-19 test (RTPCR) negative report attached: Yes/No

7. Vaccination (Certificate Attached):- Dose Ist Date.....Dose IInd Date.....

8. Department : _____

9. Course : _____

10. Semester : _____

11. Registration No. : _____

12. Date of Birth and Category: DOB:.....General-[] SC - []

BC A/B-[] EBP-[] PH/Differently abled Person [] ESM/FF[] .

13. Permanent Address:

E-Mail : _____ Telephone no. _____

14. Local Guardian Address:

E-Mail : _____ Telephone no. _____

15. Aadhaar No. _____

**Paste self
Attested
photograph**

16. Bank name and Account no _____

17. IFSC code _____

18. a) Whether you are an old resident of the Hostel: Yes / No

b) If the answer to 15 (a) is yes, give the following details:

i) Hostel _____ ii) Room No. _____ iii) Session _____

19. I undertake to abide by all the hostel rules and regulations of the University failing which disciplinary action may be taken against me. I will not keep iron rod/ weapon/ arms of any kind in the hostel. I will not keep and use heater/electric iron/induction etc. Further, I will vacate the hostel any time as per requirement of the University. The undertakings and consents about not involving in activities such as ragging, etc. are enclosed. I abide by the rules and regulations of GJUS&T, Hisar in letter spirit. Further, No FIR against me in any criminal cases has been lodged.

Father/Guardian's Signature

Signature of the Applicant

Date:-



INSTRUCTIONS FOR STUDENTS

1. The student must submit vaccination certificate, latest **RTPCR COVID-19 negative report** not older than 3 days of reporting to hostel.
2. Only those students will be allowed to stay in hostel who have taken at least one dose of vaccination.
3. The students are not advised to visit out of city during stay.
4. The students have to submit a fresh **RTPCR COVID-19 negative report** not older than 3 days if he/she leaves the hostel overnight.
5. SOP given by the State Government shall be strictly followed.
6. Students should also get undertakings from their parents that their wards have been told to follow COVID-19 directions so as to keep himself / herself healthy.
7. No student will participate in any group activities except classroom or practical classes as per the norms.
8. Students will always adhere to COVID-19 guidelines that they will wear mask, sanitize themselves and they will get themselves screened and tested as and when University administration demands.
9. Thermal Screening of all resident students will be ensured.
10. Meals will be served in small batches, avoiding over-crowding. Take away options should be available for students and staff.
11. Residents, students and staff should avoid or limit visiting the markets. As far as possible, essential items may be made available within the campus.
12. Candidate producing tempered or fake RTPCR report will be rusticated from the hostels and he/she will not allow to take admission in hostel in future.
13. No financial liability of the student will be borne by hostel administration in case of medical expenses.
14. The students have to follow all the guidelines/instructions/advisories issued time to time by university authorities/ hostel administration/government.
15. At any time students found in violation of instruction/guidelines regarding COVID-19 a strict disciplinary action will be initiated against him/her.
16. The students has to vacate the room whenever instructions issued by hostel authorities.

I have read all the instruction carefully and will follow all in true spirit.

Signature of Students

**CERTIFICATE FROM THE CHAIRPERSON/HEAD OF
DEPARTMENT**

It is recommended that Mr./Ms. _____ Son/Daughter of Sh. _____ is a bonafide student/research scholar/project fellow of this Department and may be admitted to the University Hostel. I certify that the address of the applicant given above is the same as given in the admission form of the Department and it is not located within 30 kms. radius of Hisar city. In case the applicant leaves the Department or his/her name is struck off on account of non-payment of dues or other reason, I shall inform the Chief Warden. I shall not issue the Roll No. of the Examination/provisional certificate/transcript of degree to the applicant unless he/she produces a NO DUES CERTIFICATE from the Coordinator/Warden/Dy. Chief Warden/Chief Warden. His/Her position in the Entrance Merit List is _____. I shall also share the responsibility in case of any need by hostel administration due to this pandemic COVID-19 situation regarding him/her.

Date :

Chairperson

(with seal)

UNDERTAKING ABOUT RAGGING

I have read clause 17 page 15 of the University prospectus (2021-22) regarding the direction and 'Zero Tolerance' about ragging. I pledge to abide by the directions and guidelines of Supreme Court, Government of India, UGC, State Government and Guru Jambheshwar University of Science and Technology about ragging. If at any stage of my stay in the hostel I am found involved in the incident of ragging I will accept appropriate punishment, fine or both from the university authorities & be ready to face legal action.

Signature of the applicant with date

**UNDERTAKING ABOUT NON-CONSUMPTION OF SMOKING,
ALCOHOL AND DRUGS**

I pledge to abide by the directions and guidelines of Supreme Court, Government of India, State Government and Guru Jambheshwar University of Science and Technology about abuse of drugs and alcohol in the University campus. If at any stage of my stay in the University and hostels, I am found under the influence, possession or consumption of Drugs/alcohol/smoking I will accept appropriate punishment, fine or both from the university authorities & be ready to face legal action.

Signature of the applicant with date

**UNDERTAKING FROM PARENTS ABOUT ALCOHOL AND DRUGS
ABUSE**

My son/daughter has no past record of indulgence in any type of drug abuse or consumption of alcohol. I fully take the responsibility that he/she will continue to maintain non indulgence in drugs and alcohol throughout his/her stay in the University and hostel. If at any stage of his/her stay in the University and hostels, he/she found under the influence, possession or consumption of Drugs or alcohol I will accept appropriate punishment, fine or both imposed on my ward by the university authorities.

Signature of the parents with date

Mother.....

Father.....

UNDERTAKING FROM APPLICANT

I _____ S/O or D/O, _____ do here by confirm that I shall abide with all the rules & regulation of the university & will follow all the precautionary advisories as endorsed by various health organization or Govt. to prevent the spread of COVID-19 like:-

- i) I will wear mask at public place including hostel.
- ii) I will maintain physical distancing.
- iii) I will carry my own sanitizer.
- iv) I will keep Arogya Setu App active.
- v) I will not spit in the premises.
- vi) I will not keep or request for any guest etc. for stay in hostels.
- vii) In case of any emergency, my family/Chairperson of my department will be informed.
- viii) My family will take the responsibility as needed.

Signature

Name.....

Father Name.....

Registration No/Roll Number

Course/Department.....

Semester.....

Dated.....

CERTIFICATE FROM THE CHAIRPERSON/HEAD OF DEPARTMENT

(For female employee only)

It is recommended that Ms.....D/W of..... is working as..... in this department and may be allotted room in WWH. I certify that the address of the applicant is the same as given in her application and it is not located within 30 KM radius of Hisar city. In case the applicant leaves the department, I shall inform the chief warden. I shall not clear his/her last payment/salary/benefit/issue experience certificate of the applicant unless he/she produces a NO DUES CERTIFICATE from the Coordinator/Warden/Deputy Chief Warden/Chief Warden. I shall also share the responsibility in case of need by hostel administration due to this pandemic COVID-19 situation regarding her/him

Date:

Chairperson/ Head of the department (With seal)



UNDERTAKING FROM PARENTS/HUSBAND

I.....F/M/H of Mr./Ms..... is giving my consent to stay in the hostel. Further, I will share the responsibility of my ward/spouse in case of any medical need as and when required. Also, she/he will abide by all the rules and regulations declared by university/hostel administration and all the guidelines of COVID-19.

Signature of Parents/Husband

Date

