



RAJ KUMAR GOEL INSTITUTE OF TECHNOLOGY, GHAZIABAD

APPLICATION FORM FOR HOSTEL ACCOMODATION

(For Senior Students of B.Tech/B.pharma/MBA/MCA/M.Pharma)

Year	
Shift	
Branch	

Accommodation Category

Single Seater	Double Seater	Triple Seater
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Name _____	(Photograph)
Roll No. _____ Mobile No. _____	
Date of Birth _____ Blood Group _____	
Father's Name _____ Mobile No. _____	

Residential Address _____

Mother's Name _____ Mobile No. _____

Local Guardian's Name _____ Mobile No. _____

Local Guardian's Address _____

In case of any emergency who should be contacted (give Name, Relation and Contact No.)
 Name _____ Relation _____ Contact No. _____

NOTE : The hostel fee once deposited will not be refunded. Further, in the case of suspension / expulsion/ rustication of a student from the hostel. his/her fee will be forfeited.

I pledge that I will attend atleast 75% of classes and if I fail to do so, I may be expelled from the hostel and also detained from the Sessionals / University semester examination. I also pledge that I will not indulge, directly or indirectly, in any unlawful activity including ragging and if I do so, I may be expelled from the hostel/college or given any other punishment as decided by the College Authorities.

Date : _____ Signature of Student : _____

*Academic Performance : Previous Year/Previous Semester

Examination Passed B.Tech / MBA/ MCA/ B.Pharma / M.Pharma	Aggregate Marks (%)	Attendance (%)		Carry over papers, if any (Name and No. of Carry over Papers)	Involvement in any Disciplinary Case (Yes / No)
		Last Semester	Present Semester		
1st Year					
2nd Year					
3rd Year					
Last Semester					

* The details should be filled in and verified by the Class Counsellor in his/her own hand and duly signed.
 ** Whether Hosteller or a Day Scholar

Hosteller	Day Scholar	Name of Class Counsellor	Signature
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	Name	Remarks / Recommendation	Signature
HOD:		Eligible / Not Eligible	
Warden:		Recommended / Not recommended	

** To be verified by the Warden

Room No. _____
 Hostel Name _____
 Name of Warden _____
 Signature of Warden _____

Date : _____
 Place : _____

NOTE: 1. No single seater room will be available for 2nd year students.
 2. Students will fill up all details correctly. In case of any false information or supression of facts, allotment may be cancelled and fee deposited will be forfeited.