UNDERTAKING BY THE APPLICANT

I undertake that I shall abide by the following Code of Conduct:

- 1. I understand that I have been given admission in the hostel provisionally.
- 2. I understand that hostel renewal will not be granted to me if I fail to secure 50% marks in aggregate in my previous examination.
- 3. I shall not allow any unauthorized person/guest in my room.
- 4. I shall abide by the hostel Bye-laws/ rules, including rules regarding hostel timing as per Hostel Manual as amended from time to time.
- 5. I shall abide by the hostel rules to take meals in the hostel mess or as per office order.
- 6. I shall follow all the norms and practices adopted by the hostel authorities from time to time for the efficient utilization of resources.
- 7. I shall accept the present condition of hostel and room allotted to me.
- 8. I shall not indulge in any act of indiscipline during my stay in the hostel.
- 9. I shall regularly participate in all the Hostel meetings, committees and other cultural/sports activities.
- 10. I shall not degrade the hostel environment.
- 11. I shall not cause any discomfort to my fellow residents.
- 12. I shall also not indulge in any indiscipline or misconduct within the University campus during my stay in the hostel.
- 13. I shall vacate the allotted room at the end of each academic session.
- 14. The non-compliance of any of the above clauses of the Hostel code of conduct shall lead to cancellation of my hostel admission with immediate effect.
- 15. I also undertake to submit myself to the disciplinary jurisdiction of the Vice-Chancellor, Provost and other authorities of the Jamia, who may be vested with the authority to exercise discipline under the Act, the statutes, the Ordinances and the Rules that have been framed there under by the University and Hostel.

Date	Name	.Signature of Applicant

FINANCIAL GUARANTEE AND DECLARATION BY THE APPLICANT'S PARENT/GUARDIAN

(On a Rs 10/- Stamp Paper_and attached along with the application form)

1.	I, certify that the applicant is seeking admission with my consent and that I shall be responsible for her financial liabilities of the Hostel.
2.	I permit my ward to avail the facility of Night-out as per Hostel rules, at her own responsibility, at the address given by her, after I have conveyed my consent and awareness of the same to the Hostel Office vide my registered mobile/email.
3.	I agree that the hostel/University authorities shall have no liability towards my daughter/ward when she is outside the hostel campus. I shall not hold the hostel/University authorities responsible if my daughter/ward leaves the hostel premises without prior permission or information and also when my daughter/ward does not report for the attendance at night in the hostel. In such eventuality, the hostel authorities can at best inform me or the local guardian duly appointed by me for any further action.
4.	I appoint the following two persons as local Guardians for my daughter/ward Ms(the Applicant) (i) Mrs/ MrS/o or D/o R/o
	(ii) Mrs/MrS/o or D/o R/o
5.	The above mentioned Local guardians may be contacted for any official purpose or emergency that may arise during her stay in the Hostel.
6.	We agree to abide by the Hostel bye-laws that only local Guardians and Parents would be allowed for visiting on Sunday and Jamia Holidays during specified time.
7.	I hereby understand and agree that the local guardian endorsed by me shall take full responsibility of my daughter/ward in sickness or any other emergency. If they fail to do so, the hostel authorities will have the right to cancel her admission in the hostel.
8.	I have read the Hostel Rules & Regulations and I am fully aware of the Hostel Timings for various things as listed in the Hostel Manual and in the Undertaking of the Applicant.
9.	Both the above authorized Local Guardians are personally known to me and I trust them for the responsibility of local guardianship for my daughter/ward.
10	 I hereby declare that the address and contact numbers given for both the above Local Guardians is true to the best of my knowledge and belief, and can be verified by hostel authorities.
	(Signature & Name of the Parent/Cuardian)
	(Signature & Name of the Parent/Guardian)

UNDERTAKING BY LOCAL GUARDIAN * (On Rs 10/- Stamp Paper)

 years; and I,		
 in case of emergency. We are willing to take her from the hostel in of illness and distress or as may be required by the hostel administr We understand that the hostel administration cannot possibly look into details of hospitalization and treatment etc. 3. We hereby declare that our respective address and contact numbers give admission form is true to the best of our knowledge and belief, and can verified by hostel authorities. 4. We are fully aware and understand that if we fail to fulfill our above ment responsibilities, the admission of our ward in the hostel will be liable cancellation. 5. We have read the Hostel Rules & Regulations and we are fully aware of the Hostel Applicant. 6. For Local Guardians of school students: We are aware that we have to personally to pick the ward/applicant from the hostel whenever she is on leave. We are jointly responsible to ensure that one of us report to the least of the state of the least of t	1.	I,years; and I, have personally known the Applicant for the lastyears, and we do hereby agree to be her Local Guardians.
 admission form is true to the best of our knowledge and belief, and caverified by hostel authorities. 4. We are fully aware and understand that if we fail to fulfill our above ment responsibilities, the admission of our ward in the hostel will be liable cancellation. 5. We have read the Hostel Rules & Regulations and we are fully aware of the Findings for various things as listed in the Hostel Manual and in the Undertak the Applicant. 6. For Local Guardians of school students: We are aware that we have to personally to pick the ward/applicant from the hostel whenever she is on leave. We are jointly responsible to ensure that one of us report to the hostel. 	2.	We undertake that we will be available as and when hostel authorities require us in case of emergency. We are willing to take her from the hostel in times of illness and distress or as may be required by the hostel administration. We understand that the hostel administration cannot possibly look into the details of hospitalization and treatment etc.
 responsibilities, the admission of our ward in the hostel will be liable cancellation. 5. We have read the Hostel Rules & Regulations and we are fully aware of the Hostel Timings for various things as listed in the Hostel Manual and in the Undertak the Applicant. 6. For Local Guardians of school students: We are aware that we have to personally to pick the ward/applicant from the hostel whenever she is on leave. We are jointly responsible to ensure that one of us report to the hostel. 	3.	We hereby declare that our respective address and contact numbers given in admission form is true to the best of our knowledge and belief, and can be verified by hostel authorities.
Timings for various things as listed in the Hostel Manual and in the Undertak the Applicant. 6. For Local Guardians of school students: We are aware that we have to personally to pick the ward/applicant from the hostel whenever she is on leave. We are jointly responsible to ensure that one of us report to the hostel.	4.	We are fully aware and understand that if we fail to fulfill our above mentioned responsibilities, the admission of our ward in the hostel will be liable for cancellation.
personally to pick the ward/applicant from the hostel whenever she is on leave. We are jointly responsible to ensure that one of us report to the h	5.	We have read the Hostel Rules & Regulations and we are fully aware of the Hostel Timings for various things as listed in the Hostel Manual and in the Undertaking of the Applicant.
	6.	For Local Guardians of school students: We are aware that we have to come personally to pick the ward/applicant from the hostel whenever she is going on leave. We are jointly responsible to ensure that one of us report to the hostel when she is to go on leave.

(Signature & Name of Local Guardian-I)

Applications without an affidavit duly signed by both the local guardians will be treated as incomplete and will be rejected.

.....

(Signature & Name of Local Guardian-II)

^{*} The above information has also to be produced in the form of an affidavit by both the local guardians separately on a Rs 10/- stamp paper and attached along with the application form.

DECLARATION BY THE APPLICANT

- 1. This application is being made in full knowledge of my parents and local guardian.
- 2. I declare that my parents and guardian do/does not reside in Delhi/NCR
- 3. I hereby declare that in case I remain absent from the hostel for more than one month without intimation to the Hostel Authorities, the room allotted to me is liable to get vacated by the Hostel Authorities.
- 4. I am aware of the Hostel Rules and Regulations according to which no resident is permitted to stay after the annual examinations or after submission of M.Phil/Ph.D. thesis unless otherwise permitted by the hostel authorities. I shall inform the Hostel authorities immediately after completion of Examinations/submission of thesis/dissertation.
- 5. I declare that I am neither employed nor doing any paid job anywhere, full time or part time.
- 6. I am not an ex-student.
- 7. I have read the rules and regulations of the hostel contained in the Hostel Manual and undertake to abide by them. I shall not plead ignorance of regulations that are notified from time to time.
- 8. I vouch for the correctness of the particulars given by me in the application form. I understand that if the particulars given by me are found to be incorrect my admission will be cancelled.
- 9. I declare that I do not possess a Ration Card/ or that my name has not been included in any Ration card in the National Capital Territory (NCR).
- 10. I hereby declare that I shall be responsible for any kind of theft/ fire in my room.
- 11. I undertake to inform the authorities, in writing, of any change in any of the particulars given above as and when they occur.
- 12. I declare that the information provided in this form is correct and can be verified any time.

Signature of Applicant

I	PRINCIPAL OF COLLEGE CONC	ERNED/ DIRECTOR OF CENTRE(S)
	Year/Sem	is a bonafide, full time student of of the Centre/ Department/ Faculty of her employed nor is she an ex-student. She has
paid 1000 VI	de Barik soron 140	Batea
Date		Signature of HOD/Director (Seal of the Department/ Faculty/ Centre)
	FOR RESE	ARCH SCHOLARS
research st Degree of deposited further deci residency in	tudent in Jamia Millia Islamia. My reg Tuition and other fee vide R lare that I am a full time Studer	nereby declare that I am a bonafide regular (mention subject), working for the M.Phil/Ph.D. gistration date is
	FOR FOREIGN	/NRI STUDENTS ONLY
. (a) (b) (c) (d) (e)	CourseD Nationality Passport No	e mail): Department/CentreStudent's VisaValid Up to
(f)	email	rson to be contacted in case of emergency withPhone No
Recommer		Advisor, Jamia Millia Islamia, New Delhi

CERTIFICATE TO BE SIGNED BY THE DEAN OF FACULTY/ HEAD OF THE DEPARTMENT/

Signature & seal Foreign Students' Advisor

MEDICAL FITNESS DECLARATION

- 1. I declare that I am not suffering from any infectious, chronic or any other disease, which makes me, unfit for stay in the Hostel.
- I also declare that I am not suffering from asthma, epilepsy or any other medical problemwhich 2. requires immediate medical attention.
- In case I have any medical problem requiring any specific facility in the Hostel the same is 3. indicated along with supporting documents.

All students are required to submit a Medical Certificate (to be filled in by the Medical Officer of the

Signature of the Applicant

Ansari Health Centre

University Health Centre, after prope	r Check up).				
This is to certify that I have examined	I Ms				
D/o	onan	d have	found	her	
Medically fit for stay in the University	Hostel.				
Date:					
Signature of Doctor			with Stamp & Designation		

In addition to above certificate the foreign students are also required to produce a Medical Certificate from the National Institute of communicable Diseases, 22 Sham Nath Marg, Delhi- 110054 in terms of letter No. F-14-6-86 ES II Dated 29 April, 1987, from the Ministry of Human Resources Development, Department of Education, Government of India, New Delhi