

Application Fee Rs.100/-

(Submit the Application Form along with a Fee of Rs.100/-to the Office of the Provost)

DISCLAIMER

The Hostel authorities shall have no liability towards the hostel resident when she is on leave from the hostel or she is outside the hostel campus. They shall not be held responsible, if the resident leaves the hostel without prior permission or information or does not report for attendance at night in the hostel or when she leaves the hostel after taking leave permission.

FORM No:

Affix a latest
color passport
size self-attested
photograph



FOR OFFICE USE

HOSTEL:

ROOM No:

J & K Girls Hostel

Jamia Millia Islamia
Maulana Mohammed Ali Jauhar Marg New
Delhi -110025

APPLICATION FOR HOSTEL RE-ADMISSION

(Session2025-26)

INSTRUCTIONS

1. All entries are to be filled in ink by the candidate in English.
2. Application form should be accompanied by Two (2) passport size photographs and attested copies of following documents:
 - a. Fee receipt of admission to the course.
 - b. Mark-sheets of Last Examination.
 - c. Affidavit from Parents for financial guarantee and authorization of Local Guardians.
 - d. Undertaking from Local Guardians
 - e. *Address Proof of Parents.
 - f. *Address Proof of Local Guardians I & II.
 - g. Applicant undertaking to abide by Hostel Rules and disciplinary norms.
3. Incomplete form, without the above documents, will be rejected and incorrect information shall cause cancellation of admission at any time.
4. The admission will be valid for current academic session only.

**One of the following documents should be submitted as residence proof:*

- | | | | |
|--|---|--------------------------------------|------------------------|
| 1. Aadhaar Card | 2. Passport | 3. Election Commission Photo ID card | 4. Gas connection bill |
| 5. Electricity bill | 6. Water/Telephone (landline or postpaid mobile bill) | 7. Income Tax Assessment Order | |
| 8. Certificate from Employer of reputed and widely known companies on letter head. | | | |
| 9. Statement of running bank account (Scheduled Commercial Bank excluding Regional Rural Banks and Local Area Banks) | | | |

Note: Updated Affidavits for the academic session 2025-26 has to be submitted along with

Renewal/Re-admission Application Form

Name of the Hostel where the applicant was residing: _____

PARTICULARS OF THE APPLICANT

a. Name (In Block Letters): _____

b. Course: _____ Year: _____ Subject: _____ Duration: _____

Internship required this year: Yes/No If Yes, Duration of Internship: _____

c. Student ID: _____ Enrolment No: _____

d. Date of Birth: _____ Nationality: _____ Marital Status: _____

e. Contact No: _____ Email Id: _____

f. Details of the Scholarship/Fellowship awarded if any, to the applicant for the above course: _____

g. Whether all previous dues cleared: Yes/No (*to be verified by office*)

h. For Ph.D. students: Whether Progress Report of last semester has been submitted on a prescribed Performa: Yes/No

i. Do you belong to: Tick appropriate column

| | | | | | | | | | | | | | | | | | |
|-----|--|-----|--|----|--|----|--|-----|--|----|--|-----|--|-----|--|-------|--|
| PWD | | GEN | | SC | | ST | | OBC | | NE | | J&K | | NRI | | SAARC | |
|-----|--|-----|--|----|--|----|--|-----|--|----|--|-----|--|-----|--|-------|--|

j. Motorbike/Scooter (if any): _____ Regn No.(Attach

k. RC).

Date: _____

Signature of the Applicant

APPLICATION TO BE CERTIFIED AND SIGNED BY THE DEAN OFF ACULTY/ HEAD OF THE DEPARTMENT CONCERNED/ DIRECTOR OF CENTRE (S)

Certified that Ms. _____ is a bonafide, full time student of
_____ Year/Semester, of the Centre/Department/Faculty of _____

_____. She is neither employed nor an ex-student. She has paid

her fees vide Bank scroll No: _____ dated: _____ .

Date: _____

Signature of DEAN/HOD/Director
(Seal of the Faculty/Department/Centre)
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FOR FOREIGN/NRI STUDENTS

- a. Name of the Applicant: _____
- b. Email ID: _____ c. Course: _____
- d. Department/Centre: _____ e. Nationality: _____
- f. Passport No.: _____ g. Valid Up to: _____
- h. Student's Visa No.: _____ i. Valid Up to: _____
- j. Embassy Name, Address & Phone No.: _____

- k. Name & Address of a person in Delhi who can be contacted in case of emergency:

- Phone No.: _____ Email: _____

Recommendations of the Foreign Students' Advisor, Jamia Millia Islamia, New Delhi

Signature & Seal
Foreign Student's Advisor

FOR RESEARCH SCHOLARS

Ms. _____ hereby declare that I am a bonafide regular research student in _____ (mention subject), working for the Ph.D. Degree of Jamia Millia Islamia. My registration date is _____ and I have deposited Tuition and other fee vide Receipt No _____ dated _____

I further declare that I am a full time Student. If I take up employment during the tenure of my residency in the Hostel; I undertake to inform the Hostel Authorities about it immediately.

Signature of Research Student

Name & Signature of Supervisor

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

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 55% 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. I shall not keep any pets, such as cats or dogs, in the hostel room/ premises, and I shall not indulge in feeding stray animals or pets in the hostel mess.
15. I will adhere to the designated silence hours outlined in the hostel manual, from 10 PM to 6 AM, and will refrain from participating in or organizing any activities that may disrupt this period.
16. 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.
17. 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

COMPREHENSIVE MEDICAL FITNESS DECLARATION FORM FOR UNIVERSITY
HOSTEL ADMISSION

SECTION A: STUDENT INFORMATION

Full Name: _____

Date of Birth: _____

Gender: _____

Course / Department: _____

University Id (if allotted): _____

Phone Number: _____

Permanent Address:

Local guardian details:

Phone no:

Address:

SECTION B: PERSONAL MEDICAL HISTORY

Please indicate whether you currently have or have had any of the following medical conditions:

| Condition | Yes | No | Remarks/Details(if Yes) |
|---|--------------------------|--------------------------|--------------------------------|
| Tuberculosis or other infectious diseases | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Epilepsy or seizures | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Asthma or respiratory illness | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Diabetes(TypeI/TypeII) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| High blood pressure(hypertension) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

| Condition | Yes | No | Remarks/Details(if Yes) |
|---|--------------------------|--------------------------|-------------------------|
| Heart disease/ Cardiac condition | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Hepatitis A/B/Corliver disorder | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Kidney disease | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Neurological disorder | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Psychiatric or Mental Health Disorders | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Physical Disability/Mobility Impairment | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Visual or Hearing Impairment | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Allergies (food,medicine,insect bites, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Major surgery or hospitalizations in the last 5 years | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| History of COVID-19 infection or Long COVID symptoms | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

SECTION C: FAMILY MEDICAL HISTORY

Please tick if any immediate family member has a history of the following:

| Condition | Yes | No | Relation (Father,Mother,etc.) |
|--|--------------------------|--------------------------|-------------------------------|
| Heart disease | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Mental illness or psychiatric disorder | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Cancer | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Hereditary disorders | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

SECTION D: IMMUNIZATION HISTORY

Please indicate the status of your immunization:

| Vaccine | Taken | Not Taken | Date (if known) |
|-----------------------------|--------------------------|--------------------------|------------------------|
| COVID-19 (both doses) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Tetanus | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Hepatitis B | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| MMR (Measles,Mumps,Rubella) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Typhoid | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Others (specify): _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

SECTION E: LIFE STYLE INFORMATION

| Habits/Lifestyle Factors | Yes | No |
|---------------------------------------|--------------------------|--------------------------|
| Do you smoke or use tobacco? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you consume alcohol regularly? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you currently on any medications? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any dietary restrictions? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever received counseling? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes to any, please provide brief details:

SECTION F: DECLARATION BY STUDENT

I hereby declare that the information provided in this form is accurate and complete to the best of my knowledge. I understand that withholding or providing false medical information may result in disciplinary actions, including denial of hostel accommodation.

Student's Signature: _____

Date: _____

SECTION G: MEDICAL FITNESS CERTIFICATE (To be completed by a Registered Medical Practitioner)

I have examined Mr./Ms. _____
and based on my evaluation, I certify that:

- He/She is medically fit for hostel residence.
- He/She is **not medically fit** for hostel residence.

Height: _____ cm **Weight:** _____ kg **Blood**
Pressure: _____ / _____ mmHg **Pulse**
Rate: _____ b pm
Blood Group: _____

Doctor's Name: _____

Qualification & Registration No.: _____

Signature: _____

Date of Examination: _____

Official Stamp:

**FINANCIAL GUARANTEE AND DECLARATION BY THE
APPLICANT'S PARENTS/ GUARDIAN**
(On a Rs10/-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 ward when she is outside the hostel campus. I shall not hold the hostel/ University authorities responsible if my ward leaves the hostel premises without prior permission or information and also when my 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 following two persons Local Guardians for my ward Ms. _____

Local Guardian-1

Name: _____

Address: _____

Tel. No: _____

Local Guardian-2

Name: _____

Address: _____

Tel. No. _____

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 by-law 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 a 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 Guardian sis true to the best of my knowledge and belief, and can be verified by hostel authorities.

Date: _____

Signature of parents / Guardian
Name of parent/ Guardian

PARENTS'/ GUARDIAN'S* PARTICULARS

Affix a latest
color passport
size photograph
of Father/
Guardian

Affix a
latest color
passport
photograph
of Mother

a. Father's Name:

b. Occupation:

c. Office Address:

Tel No: _____

d. Guardian's Name:

e. Occupation:

a. Mother's Name:

b. Occupation:

c. Residential Address:

Tel No: _____

d. Office Address: (if working)

Tel. No: _____

Mobile No. _____

Signature of Father/ Mother inside the box

Signature of Guardian inside the box

(ANY SUBSEQUENT CHANGES SHOULD BE NOTIFIED TO THE HOSTEL AUTHORITIES IMMEDIATELY)

*In absence of both the natural parents due to demise or otherwise, person under whose guardianship the applicant has lived, brought up and got education.

PARTICULARS OF LOCAL GUARDIANS

Affix a recent
passport size
photograph of
Local
Guardian -I

a. Name of Local Guardian-I:

b. Residential Address:

Mobile No: _____

Email ID: _____

c. Office Address:

Mobile No: _____

d. Relation with Applicant: _____

Signature of Local Guardian-I inside the box

Affix a recent
passport size
photograph of
Local
Guardian -II

a. Name of Local Guardian-II:

b. Residential Address:

Mobile No: _____

Email ID: _____

c. Office Address:

Mobile No: _____

e. Relation with Applicant: _____

Signature of Local Guardian-II inside the box

Note: Persons residing in NCR/ Delhi, under whose responsibility the applicant is seeking hostel admission are known to be local guardians. Local guardians are advised to sign the form after reading the applicant's and her parents undertakings. It is mandatory for both the Local Guardians to be present at the time of interview.

Criteria to be a Local Guardians (LG):

1. Two LGs residing at different addresses are required. 2. Both LGs must be present before the interview panel of the hostel allotment board/committee. 3. Only Married persons will be considered as an LG. 4. Husband and wife cannot become LG of the one applicant.

UNDERTAKING BY LOCAL GUARDIAN*

(On Rs.10/-Non-Judicial Stamp Paper)

1. I, _____ have personally known the Applicant for the last _____ years; and I, _____ have personally known her for the last _____ years ,and we do hereby agree to be her Local Guardians.
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.
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.
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.
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)

(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.*

FOR OFFICE USE ONLY

Hostel Name: _____

Amount deposited Rs. _____ (Rupees) _____

Vide Bank Scroll _____ Dated: _____

Room No. _____ Renewal till _____

Remarks (if any): _____

DEALING ASSISTANT

WARDEN

PROVOST