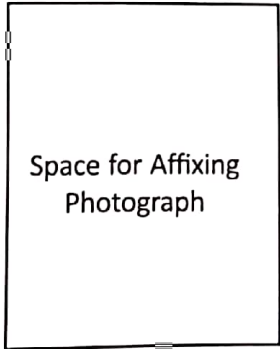


# GAUR BRAHMAN AYURVEDIC COLLEGE & HOSPITAL

## Brahmanwas (Rohtak) HOSTEL ADMISSION FORM Session -2021-22.



1. All columns to be clearly filled.
2. Incomplete application will not be entertained.
3. Fees deposited will not be refunded or adjusted (excluding security deposit)

1. Name of the applicant (in block letters)
2. nationality..... course..... class..... RollNo .....
3. Father's Name (in Block Letters) Sh .....
4. Male/Female..... Registration No.....(SKA University)
5. Date of Birth .....
6. Do you belong to Scheduled Caste/Backward Class/Scheduled Tribe? (State one applicable)
7. Permanent Address .....  
.....Tel. No.....  
Correspondence Address .....  
.....Tel. No.....
8. Name of the local guardian with relationship.....
9. Address of the guardian .....  
.....Tel. No.....
10. Were you resident of the institute hostel (Yes/No)  
(if yes) Room No.....Year of Stay.....
11. Any punishment/misconduct/violation of hostel rules/indiscipline etc. If so, give details  
.....
12. Hosteller Declaration :

I solemnly declare that particulars filled in above are correct and in case of any discrepancy found therein. I shall be responsible for the consequences. I hold myself responsible for prompt payment of fees and all other due i know fully well that any infringement of hostel rules will make me liable for any action deemed fit by the concerned authorities.

Dated.....

.....  
Signature of the Candidate

### TO BE FILLED IN BY PARENT / GUARDIAN

I.....certify that my Son/Daughter.....  
makes this application with my permission, and that I hold myself responsible for his/her good conduct and payment of his/her fees and other dues during his/her stay in the hostel. Incase of non-clearance of the dues, to the Institute hostel, I undertake the responsibility of payment.

Signature of the Parent/Guardian

Full Address .....

Dated.....

Signature of the Principal of the College  
alongwith the seal of the College

# GAUR BRAHMAN AYURVEDIC COLLEGE & HOSPITAL

Brahmanwas (Rohtak)  
VISITORS IDENTIFICATION FROM  
Session -20.....-22.....



Class : ..... Roll No. : .....

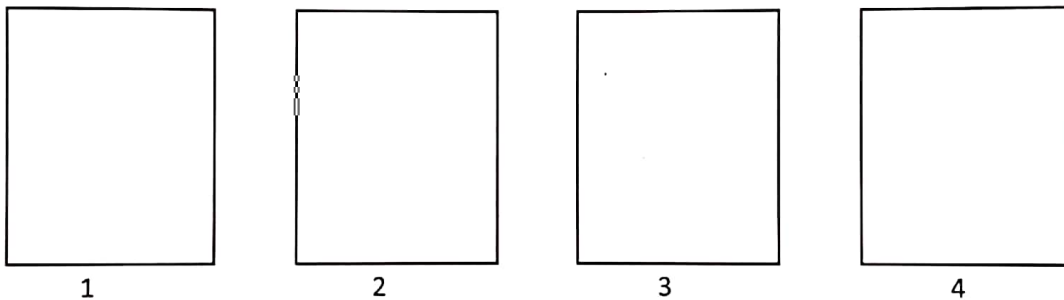
Name of the student (in block letter) .....

Father's Name : .....

Address .....

..... Tel No .....

Details of four visitors (blood Relative) (Tow Male + Two Female)  
Affix their Photographs



Name	Age	Occupation	Relation	Address/Ph. No.	Signature
1					
2					
3					
4					

Hosteler is not allowed to go alone out of the premises of college & hostel.  
**DECLARATION BY STUDENT**

I promise utmost sincerity & dedication. I shall be highly punctual disciplined & cultured. I shall obey the rules & regulation of the institution and hostel.

Sign. of Student

I .....F/o .....

Solemnly declare that the behaviour of the student will be decent & disciplined. I shall be responsible for any misbehave or indecency. I give all the rights to the warden as a guardian in the hostel.

Sign. of Hostel Suptt./Warden

Sign. of Father/Guardian

FOR OFFICE USE ONLY  
ADMITTED/ NOT ADMITTED IN HOSTEL

Signature of Head Clerk

Principal