Maheshwari Girls Hostel

(Managed by Maheshwari College of Commerce and Arts)

Sector 5 (extn), Pratap Nagar, Jaipur. Contact No. 0141-2770147-48, 9649418880, 9649318880

E-mail: mcca.jaipur2010@gmail.com & info@mccajaipur.com, Website: www.mccajaipur.com

Application Form for Hostel Admission 2019-20

FORM NO				COURSI	Ξ		CLA	SS			
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		tness Ce will not b		sidered. F			rect informatio	n will l	ead to ca	ncella	tion of
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2. Email					1	Mobile N	Vo				
3. Blood Grou	р		•••••	M	arital sta	atus					
4. Last Exam.	(Qualif	ied)					Yea	ır			
5. School/Colle	ege				B	oard/Un	iversity				
6. Category:	General	/SC/ST/	OBC								
11. ACADEMIO			•••••	•••••		•••••					
Last Class Attended	Board	/ Uni	Name Instit	e of tution	Year		Subjects	Perce	ntage		ium of ruction
Others											
13. FAMILY D	ETAILS	 S:									
Father's Name						Moth	er's Name				
Contact No				Affix R	ecent		act No:				Affix Recent
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		Spe	cimer	n Signatur	e				Spe	cimer	Signature

UNDERTAKING BY LOCAL GUARDIAN

1. I,do hereby agree to be the Local Guardian o I have personally known her for the lastyears.	f Ms
2 I will take her away from the hostel in times of illness and distress or Administration. I understand that the Hostel Administration is not linespitalization & treatment etc.	
3 I undertake that I will be available as and when Hostel Authorities requ	ire me in case of emergency.
4 I undertake to duly sign her Night leave and Performa as per hostel rule	es.
5 I hereby declare that the Address and Contact Numbers given above in best of my knowledge and belief, and can be verified by hostel authorities	
6 I am fully aware and understand that if I fail to fulfill my above mention admission of my ward in the hostel will be cancelled.	ned responsibilities, the
(Signature of Parent) (Signa	ture of Local Guardian)
Name	
NOTE: PHONE /MOBILE NUMBERS AND ADDRESSES MUST I TIMES. THE COLLEGE HOSTELSHOULD BE INFORMED OF A	
UNDERTAKING FROM PARENTS ABOUT ALCO	HOL AND DRUGS USE
My daughter has no past record of indulgence in any type of drug use full the responsibility that she will continue to maintain non indulgence his/her stay in the Hostel. If at any stage of her stay in the Hostel possession or consumption of Drugs or alcohol I will accept approximposed on my ward by the Hostel and College Authorities.	in drugs and alcohol throughout, she found under the influence,
Signature of the parents Mother	of Student
DECLARATION BY THE APPLIC	ANT
 This application is being made in full knowledge of my parents/ husba I hereby declare that in case I remain absent from the hostel for more intimation to the Hostel Authorities, the room allotted to me is liable to Hostel Authorities. I have read the rules and regulations of the hostel and undertake to ignorance of regulations that are notified from time to time. I vouch for the correctness of the particulars given by me in the application that if the particulars given by me are found to be incorrect my admissions. I hereby declare that I shall be responsible for any kind of theft/ fire in Interest in the information that authorities, in writing of any change in any of above as and when they occur. I declare that the information provided in this form is correct and can interest. I shall not misbehave with any of the hostel authorities or staff serving not obstruct them from performing their duties for the smooth functioning administration. I shall regularly participate in all the hostel meetings, and other cultura to I shall not cause any discomfort to my fellow residents. I shall not cause any discomfort to my fellow residents. I shall abide by the hostel rules to take meals in the hostel meets or as 	than one month without get vacated by the o abide by them. I shall not plead ation form. I understand will be cancelled. my room. If the particulars given the verified any time. In the hostel and shall gof the hostel al/sports activities.
	I have personally known her for the lastyears. 2 I will take her away from the hostel in times of illness and distress or Administration. I understand that the Hostel Administration is not it hospitalization & treatment etc. 3 I undertake that I will be available as and when Hostel Authorities requ. 4 I undertake to duly sign her Night leave and Performa as per hostel rule 5 I hereby declare that the Address and Contact Numbers given above in best of my knowledge and belief, and can be verified by hostel authorities. 6 I am fully aware and understand that if I fail to fulfill my above mentio admission of my ward in the hostel will be cancelled. (Signature of Parent) (Signa Name

15. The non-compliance of the any of the above clauses of the Hostel code of conduct shall lead to

stay in the hostel.

cancellation of my hostel admission with immediate effect.

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

Address:		
Contact Tel. No	Mobile :	
Do you suffer from any	y Chronic Ailment? Yes / No. If yes, give	e details:
Allergies:		
Any specific Medication	on required:	
Any other detail you w		
		Signature of the Applican
	MEDICAL CERTIFI	CATE
DatedCertified that	Ms	Son/Daughter/Wife of
Shr	resident of Distr	Son/Daughter/Wife of ictappeared before the
		edical Examination it is found that she does
	nicable disease or any other serious med	dical history that would prevent him from
staying in the hostel.	idate is medically fit to stay in the hostel	· Ves / No
Seruneu mai me candi	idate is medically lit to stay in the noster.	. 168/110
(Signatura of the applic	cont)	Madical Officer
(Signature of the applic	cant)	Medical Officer
Date:		Medical Officer (Seal of the above authority)
Date:		
Date:		(Seal of the above authority)
Date:Place:		(Seal of the above authority) TEL OFFICE
Date:Place:	TO BE FILLED BY THE HOS	(Seal of the above authority) TEL OFFICE ipt No
Date:Place: Hostel Fee Rs Dated	TO BE FILLED BY THE HOS Received vide Rece Room No.	(Seal of the above authority) TEL OFFICE ipt No
Date:Place: Hostel Fee Rs Dated	TO BE FILLED BY THE HOS Received vide Rece Room No.	(Seal of the above authority) TEL OFFICE ipt No
Date:Place: Hostel Fee Rs Dated (COORDINATOR/	TO BE FILLED BY THE HOS Received vide Rece Room No.	(Seal of the above authority) TEL OFFICE ipt No (HOSTEL CLERK/ASTT.)
Dated(COORDINATOR/\)*Residents are advised HOSTEL ROOM AN	TO BE FILLED BY THE HOS Received vide ReceRoom No WARDEN) d to note their receipt no. for future references.	(Seal of the above authority) TEL OFFICE ipt No (HOSTEL CLERK/ASTT.) erence.
Date:Place: Hostel Fee Rs Dated (COORDINATOR/ *Residents are advised	TO BE FILLED BY THE HOS Received vide Rece Room No WARDEN) d to note their receipt no. for future reference to note their receipt no.	(Seal of the above authority) TEL OFFICE ipt No (HOSTEL CLERK/ASTT.) erence.

HOSTEL RULES:

- 1. Adherence to the code of conduct is must for all Hostlers.
- 2. It is mandatory to the hostlers to follow the rules, regulation and instruction of Warden/Principal.
- 3. It is individual responsibility to keep hostel neat & Clean
- 4. Hostlers must remain inside the room after 8.00 pm.
- 5. Cooking is not allowed inside the room.
- 6. Hostlers are not permitted to keep any electronic appliances like stove, immersion rod, iron etc. They are also not allowed to keep any precious jewellery or cash in the hostel.
- 7. Non-veg. food is not allowed in the hostel.
- 8. Hostlers are not allowed to move without a gate pass duly signed by the warden.