

JAWAHARLAL NEHRU UNIVERSITY OFFICE OF THE DEAN OF STUDENTS Inter-Hall Administration

APPLICATION FOR MRSH/SUBANSIR HOSTEL

	Name of the Applican	t (in c	apital letters) :	·				
2.	Registration No. :	gistration No. : Enrollment/ID No						
3.	Date of Birth :		Gender Nationality					
4.	School		Center:			Subject Cod	le	
5.	Date of admission in M	M.Phil/Ph.D			6. Programme of Study:			
7.	Permanent Address*:							
					Mol	oile No		
8.	Present							
	Email ID Mobile No							
9.	Category applied for: (Please tick, whichever							
Ïf a	Total Number of semes ny break due to Zero ser Details of fellowship a	mester	r/year, field wo	• •		· · L	elevant order	
	Name of the		Type of	Period	Amount	HRA per	Remarks	
Self	Funding Agenc	y	Fellowship	From-To	per Month	Month		
	se							
Spou								
	Details of employmen	t avail	led/availing					
12.	Details of employmen Name of the employer	D	led/availing esignation/ ature of work	Period From- To	Salary/Incom per Month	ne HRA per Month	Remarks	
	Details of employmen Name of the employer	D	esignation/		•	-	Remarks	
12.	Details of employmen Name of the employer	D	esignation/		•	-	Remarks	
12. Self	Details of employmen Name of the employer	D Na	esignation/ ture of work	From- To	per Month	-	Remarks	
12. Self	Details of employmen Name of the employer	D Na	esignation/ ture of work	From- To NU Hostel, g	per Month rive the details Period	Month	Remarks	
12. Self	Details of employment Name of the employer Se If you, spouse or both Name of the Host	D Na	esignation/ iture of work d/staying in J	From- To NU Hostel, g	per Month rive the details Period	Month		

15. Particulars of the family intending to stay with the applicant (Spouse and Children only)

Sl. No.	Name of the Family Member	Relation	Age	Date of Birth	Remarks

DECLARATION

I understand that my allotment in Subansir/MRSH is purely provisional and I hereby declare that the information given above is true to the best of my knowledge and belief and nothing has been concealed. In case it is found at any stage later that any information given is incorrect and/or some material facts in application form have been deliberately concealed/distorted, I am liable of immediate eviction from the hostel besides such other actions which the University may deem fit to take against me. I undertake to abide all rules and regulations governing the allotment and instructions brought from time to time regarding stay in the hostel. The allotment will be only to the applicant and no transfer will be allowed in the spouse name.

Date	F	full Signature of the Applicant
Documents to be at	ed:-	
 Documentary prothe SDM/Teshsild Marriage Certificatested post card Samaj Mandir/Ga Passport and visa Salary certificate study leave will hastatus. Copy of Direct Ph Copy of Zero Sen Caste certificate, i PH certificates shown 		of the four). Ib Divisional Magistrate and self arriage Certificate issued by Aryamtertained. If oreign national. It organization. Those who are on the employer with salary and HRA ertificate issued from center. Govt. of India norms.
	FOR IHA USE	
1. Date of allotment	Room No	Category on
Paid Fee of `	Vide Receipt No	Date
Office-In-Charge/C	aker	Senior Warden

Hostel Vacated on _____ Cleared all dues vide receipt No. ____ Dtd. ____

Caretaker _

Cahier