		JAWAHARLAL NEHRU UNIVERSITY OFFICE OF THE DEAN OF STUDENTS FORM NO. IHA – 100									L	Last Date: 25 th July, 2022					
									БСГ								
APPLICATION FOR ALLOTMENT OF SINGLE SEATER ROOM																	
1. Name of the Stu	dent:																
2. Gender: Male Female 3. Whether belongs to PwD. Yes (Attach Proof) No																	
4. Registration No.	(As p	er regis	tration	folio)													
5. School & Center																	
6. Date of Birth:	D/D	M/M								1	D/D	Μ	I/M		YYY	Y	
7. Date of admission i) M. Phil./Ph.D integrated																	
a) Date of M.Phil Viva-Voce/Promotion to Ph.D. (copy of order)																	
b) Date of Ph.D confirmation (copy of order)																	
ii) Date of Admission in Direct Ph.D. (copy of order/letter of Admission Branch)																	
8. Total Number of semesters complete (including Winter Semester 2021) in the said Prog. of study. If any break due to Zero semesters, field work or any other reason (Attach copy of the relevant)																	
 9. Whether availing JRF /SRF or any fellowship, if yes, details with amount ₹, HRA (if any) ₹ /- 																	
Funding agency	y														(attac	ch copy)	
10. Details of Hoste	el:																
	S. No Name of Hostel Room No. From (DD/MM/YY)									To (DD/MM/YY)							
	1.																
	2. 3.															_	
		e Attach	i copy o	f IHA	form	1. (I	Ioste	el Al	lotn	nent	forn	n)					
* Note 1. Please Attach copy of IHA form 1. (Hostel Allotment form) * Note 2. Please attach Hostel vacation form along with form 1, if hostel was changed.																	
11. Total No. of semester's Double Seater hostel resident (Upto Winter Semester 2021)																	
12. Choice of Hostel Area (Please mark any one): Brahmaputra other than Brahmaputra																	
DECLARATION																	
I hereby declare that has been concealed. any false information	I unde																
Date		Ν	Mobile/C	Contact	No							Si	gnat	ure o	f app	licant	
Ensure required doc 1. Copy of Regi					1]				
 Office Order Copy of Dire 				-) Ph.	D. Co	onfir	mat	ion I	Letter]				
4. Copy of Zero	o Seme	ster/Yea	r, Field	Work e	tc., if	avai	led.]				
5. Copies of the	e IHA I	Form No). 1 (avai	lable in	your	host	el filo	e)]				
 Copy of offic Copy of fello 					ostel.												
For Administ																	
Verified from the record that the information given in given in Column No. 1 to 9 is correct.Verified from the record that Column No. 10 to 11 is correct												norm	at1011				

Signature of office Incharge