

**APPLICATION FORM
FOR ADMISSION / RE-ADMISSION**

**DEPARTMENT OF SOCIAL WORK HOSTEL
UNIVERSITY OF DELHI**



3, UNIVERSITY ROAD, UNIVERSITY OF DELHI, DELHI – 110007

**DEPARTMENT OF SOCIAL WORK HOSTEL, UNIVERSITY OF DELHI
APPLICATION FOR ADMISSION / RE-ADMISSION**

Instructions:

1. Applicants, whose parents / family are /is currently residing in National Capital Territory of Delhi and within a radius of 70 kilometer from the Department of Social Work Hostel (DSWH), DelhiUniversity, are not eligible to apply for Hostel admissions.
2. The application should be accompanied by photographs and self attested copies of the following certificates:
 - (a) Photo copy of the latest receipt showing payment of University Tuition fees;
 - (b) Proof of Permanent residence;
3. Incorrect information may cause cancellation of admission.
4. The admission will be valid only for the current academic session.
5. The applicants are advised to check on the Hostel Notice Board / Hostel Website for latest updates regarding the admission, interview dates, and admission list of the Hostel etc.
6. Office will not communicate individually to any applicant.
7. Please provide a certificate having your date of birth.
8. If you belong to SC/ST/OBC, please provide a copy of latest certificate.
9. If you come under Person with Disability, please provide a copy of the relevant certificate.
10. Please provide a photocopy of the front page of your passbook with details of account numbers and related codes. You may add a cancelled cheque.
11. Please furnish copies of Aadhar cards of the Applicant, Parents, Guardian and Local Guardian.

DEPARTMENT OF SOCIAL WORK HOSTEL UNIVERSITY OF DELHI

Form No	Office Receipt No	Mobile No of the Applicant																			
Email Id:.....																					
Name of the programme /course you are pursuing or seeking admission: 1 st year MA (SW); 2 nd year MA (SW); M Phil; or PhD		Paste a recent passport size self-attested photograph here																			
Academic year of joining the course																					
Name of the Applicant (as mentioned in the certificate for proof of birth, in block letters)																				
Gender (please write the one applicable to you)	a. Male b. Female c. Transgender																				
Date of Birth of Applicant	Day	Month																			
	Year																				
Please mention your Social Category	General/ SC/ ST/ OBC																				
Are you a person with disability?	Yes / No																				
Do you belong to a minority category? If yes, provide details																					
Mention your Blood Group																					
Please mention your marital status	Single / Married																				
If married, please provide the name and detailed address of your spouse	Name																				
	Address																				
	Pin																				
	Mobile No :	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																			
Email id																					

Self-Attestation of the Applicant

Official Remarks

Father's Name	
	Mobile No :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Email id	
Mother's Name	
	Mobile No :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Email id	
Complete Permanent Address of Parents (in block letters)	
	Pin	
Name of Local Guardian and Relationship with the Applicant	
Complete Residential Address of Local Guardian	
	Pin	
	Mobile No :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Email id	
Official Address of Local Guardian, if employed	
	Pin	
	Mobile No :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Email id	

Self-Attestation of the Applicant

Official Remarks

If you have a Bank Account in your Name, please provide the details		Name of the Bank			
		Branch			
		Account No			
		IFS Code			
Have you been a resident of this/other Hostel of the University of Delhi in the past? (Yes/No):					
Any disciplinary action taken against you by College/ Department of University of Delhi/ Hostel/ any other institution? (Yes/No):					
Are you receiving any scholarship? If yes, please mention the details:					
Academic course last attended	Exam. Passed	University	Year of Joining	Year of Passing	% of Marks
Academic record and performance in the last academic year for the applicants seeking re-admission					
Academic Year:		Semester I	Semester II	Overall *	
	% attendance				
	% of Marks obtained				
* For research scholars					

I, _____, declare that the information provided in this application form is correct to the best of my belief and knowledge.

Signature of the Applicant

Self-Attestation of the Applicant

Official Remarks

SOLEMN DECLARATION BY THE APPLICANT

Name of the applicant:

Name of the course pursuing or applied:

- a. I solemnly declare that the information furnished above, in this application form, is correct to the best of my knowledge and belief. I also undertake that I shall inform the authorities, in writing, of any change in any of the particulars given above as and when they occur.
- b. I have carefully read the rules and regulations governing the admission and residence in the Department of Social Work Hostel, University of Delhi, Delhi-7 in the Handbook of Information and Rules or from the website, and I know that any violation of the rules and regulations and misbehaviour will disqualify me from continued residency of the Hostel and I may be asked to leave the Hostel forthwith.
- c. I also undertake to submit myself to the disciplinary jurisdiction of the Vice-Chancellor, Pro-Vice-Chancellor, Dean of Colleges, Proctor, Provost, Warden and other authorities of the University, who may be vested with authority to exercise disciplinary under the Act, Statutes, Ordinances and Rules that have been framed or may hereinafter be framed.
- d. I will **vacate my room within three days of completion of the M.A. Social Work examinations** or date as announced by the Hostel authorities or due to any unforeseen reason or closure of the University. This applies to M.Phil/Ph.D Scholars too.
- e. I will not share my accommodation with any other person or student or guest without prior permission of the authorities.
- f. I will not insist the Warden for extension of Common Room timings orally or over phone or through SMS.
- g. I will not celebrate my birthday in the Common Room and in the Hostel premises after 10.00 p.m.
- h. I will provide the necessary information including personal for Department of Social Work Hostel website from time to time and I shall not have any objection for the same.
- i. **I will not keep or store or consume alcoholic drinks and other intoxicating drugs in my room/ Hostel.**
- j. I will authorize the hostel authorities to deduct the cost of breakage and other dues, if any, from my Hostel Caution Money.
- k. I will accept the Hostel Caution Money refund through Bank Transfer or cheque.
- l. **I will sign daily in the Hostel attendance register; and for late night movements, I will provide details of movements and sign in the Late Night Register kept and maintained at the Security hut.**
- m. I shall not have any objection for surprise check in my room by the Provost, Warden and other University authorities vested with authority.
- n. I know that the Hostel premise is under CCTV surveillance and do not have any objection for the same.
- o. If I do not return to Department of Social Work Hostel before 10.00 p.m. I will personally be responsible and accountable for my personal safety. The Hostel shall not be accountable for any untoward incident, if it happens due to my being out of Hostel premises after 10.00 pm.
- p. I will personally ensure that my parents/guardians are kept suitably informed about my movements out of hostel after 10.00 pm., night outs and going out of hostel for a few days.

Date..... **(Signature of the Applicant)**

Self-Attestation of the Applicant

Official Remarks

CONSENT OF PARENTS/ GUARDIAN/ LOCAL GUARDIAN

Name of the applicant:

Name of the course pursuing or applied:

I desire that my ward
 be allotted a seat in the Hostel. I declare that I do not reside/ work in NCT of Delhi within 70 kilometers radius from the Department of Social Work Hostel, University of Delhi (This residence rule does not apply to the local guardians). **I have read the rules and regulations of the Hostel and assure that my word shall abide by the same.** In case of violation, suitable disciplinary action may be taken by Hostel authorities. I agree that if the safety of my ward will be his/her responsibility, if he/she remain outside the Hostel premises after 10.00 p.m. I undertake to ensure that my ward, according to prescribed rules, shall make payment of hostel dues. I shall also ensure that the conduct of my ward is good and I shall visit him/her occasionally. I shall appreciate periodic report about my ward's conduct in the Hostel. I personally will keep a track record of my ward for his/ her movements late in the evening or night-outs or more duration.

Name of Guardian																							
Complete Residential Address PIN.....																						
	Mobile No :	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> </tr> </table>																					
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	Email id																						

(Signature of Father/ Guardian/ Local Guardian)

Self-Attestation of the Applicant

Official Remarks

REQUIRED LIST OF ENCLOSURES (ONLY SELF ATTESTERD XOROX COPIES)	
Three photos	
Self-Attestation (Each-Page)	
Admission Fees Receipts	
Proof of Permanent Residence	
Proof of Current Residence	
Aadhar Card of Student	
Aadhar Card of Parent	
Aadhar Card of Guardian	
Aadhar Card of Local Guardian	
Proof of Date of Birth	
Caste Certificate	
Anti-Ragging (Undertaking by Student)	
Anti-Ragging (Undertaking by Parent/Guardian)	
PWD Certificate	
Xerox Copy of Passbook / Cheque	

(FOR OFFICE USE ONLY)			
Admission Committee's Recommendation:	Provisionally Admitted / Not Admitted		
Date	Senior Assistant	Warden	Provost

Self-Attestation of the Applicant

Official Remarks

D.U.P.-657-03-2015-200 Pads x 100



WUS HEALTH CENTRE
UNIVERSITY OF DELHI
DELHI-110007

FOR NON RESIDENT/RESIDENT STUDENT

T.C.No. D.....
R

Two Passport Size Photographs should be Attached.
Application for Membership

(To be filled in by the applicant)

Name (in block letters).....Age.....Sex.....

College/Department.....Class.....Roll No.....

Home/Hostel Address.....

Home/Hostel Address.....

.....Phone No.

I..... wish to register my name with the WUS Health Centre to avail the facilities offered by it. I agree to abide by the rule and regulation framed by the University. I am willing to pay a sum of Rs. _____ as membership fees for the session.

(Attach a photo copy of the fee receipt and Photo Copy of Identity Card and Two Passport size photographs.)

I have already paid Rs. _____ at WUS Health Centre Contribution Vide R.No. (_____) dt (_____) in Hostel. (Attach a copy of the Receipt).

Signature

Certified that the particulars given above by the applicant are correct to the best of my knowledge. I recommend him for registration in the WUS Health Centre.

Rates of Health Centre Contribution

For resident student Rs.240/- per academic session.
for Non-resident students Rs.120/- per academic session.
(For Ph.D./M. Phil students Rs. 240/- per academic session.)

For Non-resident student

Received Rs. _____ for WUS Health Centre fee

Vide R.No. _____ dated _____

Signature of Cashier/S.O. with stamp
of the Department/Institution

Signature and Seal of the
Head of the Institution/Hostel

(FOR HEALTH CENTRE USE)

Received a sum of Rs. _____ vide Receipt No. _____ Dated _____

Chief Medical Officer

Section Officer

ANNEXURE-I

AFFIDAVIT BY THE STUDENT

I, _____ s/o d/o
Mr./Mrs./Ms. _____, having been admitted
to _____, have received a copy of the UGC
Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called
the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.

2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the
penal and administrative action that is liable to be taken against me-iR. case-I am found guilty of or abetting
ragging, actively or passively, or being part of a conspiracy to promote ragging.

4) I hereby solemnly aver and undertake that

a) I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the
Regulations.

b) I will not participate in or abet or propagate through any act of commission or omission that may be
constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the
Regulations, without prejudice to any other criminal action that may be taken against me under any penal
law or any law for the time being in force.

6) I hereby declare that I have not been expelled or debarred from admission in any institution in the country
on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further
affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be
cancelled.

Declared this _____ day of _____ month of _____ year.

Signature of deponent

Name: _____

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is
false and nothing has been concealed or misstated therein.

Verified at _____ on this the _____ of _____.

Signature of deponent

Solemnly affirmed and signed in my presence on this the _____ of _____ after reading the
contents of this affidavit.

OATH COMMISSIONER

P.T.O

Self Attestation of the Applicant

Official Remarks

To be submitted at the time of Hostel Admission on judicial stamp Paper of Rs.10/-

ANNEXURE II

AFFIDAVIT BY PARENT/GUARDIAN

- 1) I, Mr./Mrs./Ms (full name of parent/guardian) father/mother/guardian of, (full name student with admission/registration/ enrolment number) having been admitted to (name of the institution) have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations", carefully read and fully understood the provisions contained in the said Regulations. '
- 2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
- 3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 4) I hereby solemnly aver and undertake that
- a) My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
 - b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- 5) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
- 6) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared this _____ day of _____ month of _____ year.

Signature of deponent

Name: _____

Address: _____

Tel/Mobile No.: _____

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at (place) _____ on this the (day) _____ of (month) _____ (year).

Signature of deponent

Solemnly affirmed and signed in my presence on this the _____ (day) _____ of _____ (month), _____ (year) after reading the contents of this affidavit.

OATH COMMISSIONER

Self Attestation of the Applicant

Official Remarks