

Area STD Code

Mobile

E-Mail:

ADESH UNIVERSITY

(Established under Government of Punjab Act 6 of 2012)

NH-7, Barnala Road, Bathinda-151101 Punjab (India)

REQUEST FOR HOSTEL ACCOMMODATION At the campus of Adesh University Paste Passport ____(SESSION_____ COURSE ____ size colour photograph same as on NEET-2025 NAME OF COLLEGE application form Please fill TWO COPIES of the Form in CAPITAL LETTERS The Principal Campus, Adesh University Barnala Road, Bathinda-151101. Sir, course at Adesh University. You are requested to kindly allot me I have taken admission in hostel accommodation in the campus of ADESH UNIVERSITY, BATHINDA. My particulars are as under:-Name Mobile Number e-mail Father's Name Mobile Number Mother's Name Mobile Number Permanent Address Parents e-mail Area STD Code Country Code Land Line No. Local Guardian(s) Name Guardian's relationship with the Student Address

Phone No.

Undertaking

- 1. I undertake that in case of any change in above particular(s), I will inform the college authorities in writing within a week from the date of change. In case of default, I shall be liable for disciplinary action as the institute may deem fit.
- 2. I have gone through the hostel rules. I shall abide by the hostel rules and regulations failing which I understand that disciplinary action can be taken against me including expulsion from the hostel for which I shall not claim for refund/adjustment of fee paid by me.
- 3. I shall not leave the hostel without getting out pass from the competent authority.

Date:	Date:				Signature of the Student		
Undertaking of Parents/Guardian							
I have gone through the hostel rules. I undertake that my ward shall follow the hostel rules and regulations, failing which disciplinary action can be taken including expulsion from hostel and I shall not claim for the refund/adjustment of fee paid by us.							
Name of the R	Parent/Guardian	Signature:					
Guardian's relationship with the Student							
For office use only:							
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Hostel Allotment							
1.Amo	1.Amount of Hostel fee paid vide Receipt noDa					<u> </u>	
2. Hos	itel No	_Block		_Floor	R	oom No	
3. Ren	3. Remarks, if any						
Verified by:							
Counter Signature of Principal Hostel Superintendent Hostel Warden							
Re-allotment of Hostel							
Date of Re allotment							
2.	Amount of Hostel fee paid vide Receipt No Date						
		BlockFloor					
3.							
4.	Reason for Re-allotment						
Verified by:							
Counter Signature of Principal			Hostel Supe	rintendent		Hostel Warden	
Note:- One copy of this form to be placed in the personal record of the Student and another filled copy of							

this form to be retained by the superintendent hostel in his/her office record.