

GOVT. POLYTECHNIC, HISAR

(APPLICATION FORM FOR HOSTEL ALLOTMENT)

Department: _____	Semester: _____
Name: _____	Contact No. _____
Father's Name: _____	F/Contact No.: _____
Category: _____	Marks %age: _____ K.M.: _____
Roll No. _____	Address with Proof: _____
Pin: _____ State: _____	

Paste Here
Passport Size
Photo

(HOSTEL RULES)

1. No Guest/Outsider is allowed without permission of concerned authority.
2. It is the duty of every student to take care of Govt. Property.
3. The goods in charge of student will be sole responsibility of the student.
4. No student will remain in his room during Institute timing (except illness)
5. Drinking of alcohol and smoking is strictly prohibited in the hostel.
6. Use of heaters/immersion rods/iron/cooler is not allowed.
7. Cooking is strictly prohibited in rooms.
8. TV/VCD Stereo Deck is not allowed in the rooms.
9. No posters/drawing/writing is allowed on the walls of rooms/common rooms/corridors.
10. Every student will follow the hostel timings and mess timings.
11. Student should be in proper dress in mess and common room
12. Student will maintain discipline in the mess and common room.
13. Meals will be served in mess; nobody is allowed to take meal in his room.
14. Meal will be served as per the menu.
15. Mess dues should be deposited up to 10th of every month and bill of last month in advance.
16. Student will make his entry in the register if goes to or comes back from his home.
17. The student will not be allowed to stay in the hostel if his name is struck off or suspended from the institute.

! Warning !

RAGGING IS
LEGAL CRIME
AND STRICTLY
PROBIBITED IN
THE HOSTEL

I _____ S/O Sh. _____ hereby give my submission that I will abide by the rules and regulation of hostel and will maintain the decorum of the same. If I am found indulging in any un-disciplinary or disobeying the hostel rules, disciplinary action may be taken against me. I will abide by that decision of authorities.

Date: _____ Signature of Students

Witness (Signature of Parents /Guardian)

(For Department Use Only)

The applicant is a bonafide student of this department and the details mentioned are verified. He/She may be admitted to the hostel. In case the applicant leaves the department or his/her name is struck off from institute roll due to any reason, I shall inform the Warden.

Date: _____ Signature (HOD/O/I)

	Amount	Transaction No.	Date
Hostel + Mess Security			
Hostel Fee@ 6 Months			

Signature of Student

(For Office Use Only)

Name of Hostel: _____ Allotted Room No.: _____

Sig. of Asstt. Hostel Warden

Sig. of Hostel Warden