

**KURUKSHETRA UNIVERSITY, KURUKSHETRA**  
**HOSTEL ADMISSION FORM - SESSION 2025-26**

Sr.No. \_\_\_\_\_

**Note:** (i) All columns of this form and the hostel identity card must be clearly filled in by the student in his/her own handwriting. Columns in identity card must be filled in English/Hindi.

(ii) **Three extra ticket size photograph must be attached with this form**

**(AS A PROOF OF PERMANENT RESIDENCE, A COPY OF RATION CARD/VOTER CARD/AADHAR CARD/DRIVING LICENSE/PASS PORT MUST BE ATTACHED AND ORIGINAL BE SHOWN).**

1. Name (in Capitals) \_\_\_\_\_

2. (i) Father's Name .....

(ii) Mother's Name .....

3. Deptt./Instt./College \_\_\_\_\_

4. Class \_\_\_\_\_ Roll No. \_\_\_\_\_

Registration No. \_\_\_\_\_

5. Gender: (Male/Female/Transgender): \_\_\_\_\_

6. Previous examination passed \_\_\_\_\_

Year \_\_\_\_\_ Board/University \_\_\_\_\_

7. Whether belongs to PH/Blind category. If yes, mention category.

\_\_\_\_\_

8. Permanent address of Father/Guardian : Name \_\_\_\_\_

Address .....

Telephone/Mobile No. \_\_\_\_\_ (R) Mobile No(s). \_\_\_\_\_ (Self)

9. Name and address of local guardian, if any: Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone/Mobile No. \_\_\_\_\_

10. Whether you are an old resident: Yes/No. If yes, give particulars:

Name of the Hostel \_\_\_\_\_ Room No. \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Whether no-dues certificate from concerned hostel obtained? \_\_\_\_\_

11. Whether any punishment for misconduct/violation of hostel rules/indiscipline etc. was ever awarded:

Yes/No if yes, give details \_\_\_\_\_

12. Whether suffering from any prolonged/chronic disease, give details (concealment would invite disciplinary action):

\_\_\_\_\_

13. The timings in the girls' hostels will be as under:

ENTRY: April to September : Upto 7:30 pm (After 7:30 pm exit is not allowed)

October to March : Upto 6:30 pm (After 6:30 pm exit is not allowed)

EXIT: April to September : 5:30 am

October to March : 5:45 am

I have read and noted the Hostel Rules and Regulation and understand that strict conformity to these is an express condition of my admission to Deptt./Instt./College/hostel failing which I shall be liable to expulsion from hostel and/or university or such other punishment as may be deemed fit. In case I cease to be a student, I will inform the Warden about my changed status immediately and leave the hostel as required under the rules. I will pay the hostel dues regularly failing which legal action may be initiated against me by the hostel authorities. I have not availed bus/train pass facility nor shall I avail the same during the current session.

(Signature of Father/Guardian

(Signature of the Applicant)

Allotted Room No. \_\_\_\_\_ Block \_\_\_\_\_ Hostel Charges paid vide:

'F' Type Receipt No. \_\_\_\_\_ Dated \_\_\_\_\_ Rs. \_\_\_\_\_

Mess Receipt No. \_\_\_\_\_ Dated \_\_\_\_\_ Rs. \_\_\_\_\_

Chief Warden

Warden

Supervisor

Assistant/Clerk

**P.T.O.**

(A) **UNDERTAKING BY THE PARENTS/GUARDIAN OF RESIDENT**

I ..... have gone through and read over the aforesaid rules and I have understood the same in the complete perspective. My ward shall comply with the rules and in case of any violation on his/her part, he/she shall be liable for consequences as per the aforesaid rules. Further, I authorize the hostel authorities that in the event of any violation by my ward, appropriate disciplinary action including expulsion from the hostel and institute can be taken. I have no objection in case my ward seeks permission to leave/enter the hostel premises for the purposes beyond regular hostel timings and in case any accident or fatality that may occur during such period, the responsibility shall not lie with the Hostel Authorities. Further, for any wrong act committed by my ward as referred in Hostel Rules Booklet 2025-26 - , the Hostel administration shall not be responsible.

E-mail Id : ..... Signature.....

Phone No. : ..... Name of the Father/Guardian : : .....

Alternate Ph. No. : .....

(B) **UNDERTAKING/DECLARATION TO BE SUBMITTED BY THE STUDENTS SEEKING ACCOMMODATION IN UNIVERSITY HOSTELS**

- I I.....have gone through and read over the aforesaid rules and I have understood the same in the complete perspective. I shall comply with the rules and in case of any violation on my part, I shall be liable for consequences as per the aforesaid rules.
- II Certified that in the academic year 2024-25, I did not stay in any one of the University hostels and that I am seeking admission to a Hostel of this University for the first time. I undertake to pay my dues regularly and maintain full discipline failing which legal action may be initiated against me by the hostel authorities. I have not availed bus/train pass facility nor shall I avail the same during the current session.
- III I shall not try to deface the University Building. In case I violate this clause, necessary action may be taken against me.
- IV I shall not indulge in Ragging in any way and if found so I will be liable for punishment as per UGC and State Regulations.
- V I authorize the hostel as well as the institute administration that in the event of violation of this undertaking, appropriate disciplinary action including my expulsion from the hostel and institute can be taken.

Dated .....

.....  
**Full Signature of the Student before Warden**

(C) **RECOMMENDATIONS OF THE CHAIRPERSON/DIRECTOR/PRINCIPAL**

I recommend that Mr./Ms. .... son/daughter of Sh. .... who is a bonafide student of this Department/Institute/College may be admitted to the University hostel. I certify that the address of the applicant given in the Hostel Admission Form is the same as given in the admission form of the Department. In case the applicant leaves the Department or his/her name is struck off the rolls on account of non-payment of dues or other reason, I shall inform the Warden **concerned immediately**.

I shall not issue the Roll Number of examination to the applicant unless he/she produces a **No dues certificate** from the Warden concerned.

For Deptt. Use:

**Chairperson of the Department/Instt./College  
(Office Seal)**

Entered at Sr. No. \_\_\_\_\_  
of the register

Dated \_\_\_\_\_ Dealing Hand \_\_\_\_\_

**(VISITOR'S LIST)**

Sr. No.	Name of the Visitor	Relation with the resident	Telephone No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

\_\_\_\_\_

Dated : \_\_\_\_\_

\_\_\_\_\_

Signature of the Father/Guardian