



Guru Gobind Singh Indraprastha University

A R A V A L I B O Y S H O S T E L

Sector 16-C, Dwarka, New Delhi-110078

DATE- 26-09-2022

FIRST LIST OF HOSTEL ALLOTMENT FOR THE SESSION 2022-23 (FOR OD, FOREIGN, DELHI NCR AND DELHI GEN WITH OUTSIDE RESIDENCE)

The following students are required to appear in Warden Office of Aravali Boys Hostel *in persons* with parents/ Local guardian for Hostel Admission for academic session 2022-23 between 02:00 PM to 5:00 PM from September 27, 2022 to October 5, 2022.

Hostel fees required to deposit by three separates Demand Draft at Hostel Office at the time of admission:

- 1- 1st Demand Draft of Rs. 29,500 /-(Rupees Twenty nine Thousand five hundred only) in favor of "**Registrar, G.G.S.Indraprastha University**" payable in Delhi
- 2- 2nd Demand Draft of Rs.36000/- (Rupees Thirty Six Thousand only) in favor of "**Aravali Boys Hostel Mess Account**" payable in Delhi.
- 3- 3rd Demand Draft of Rs.3000/- (Rupees Three Thousand) in favor of "**Aravali Boys Hostel Welfare Account**" payable in Delhi

The following documents are required to produce at the time of Admission in Hostel:

1. Three Passport size Photograph.
2. Residence Proof (Electricity Bill/ Adhar Card/ Voter ID card).
3. Medical Certificate.
4. Original Admission/ Reporting Slip/ fees Slip
5. Self Attested Mark Sheet of 12th / Graduation.
6. Copy of antiragging form of Parents and Students (available on website www.antiragging.in)

The provisional hostel allotments are subjected to verification of all the relevant documents mentioned in hostel admission brochure 2022-2023.

The Shortlisted Students are advised to read Hostel Admission Brochure available on the University Website for details rule governing Hostel Residency.

SL NO.	NAME	FATHER'S NAME	ENROLMENT NO.	COURSE	CATEGORY
1	MADHUKANT JHA	NAVEEN KUMAR JHA	01421610921	MA (ENGLISH)	ODGEN
2	ANMOL SHARMA	MUKESH SHARMA	20916490021	PH.D (USICT)	ODGEN
3	JUBIN KASHYAP	DEBA KUMAR SARMA		M.ARCH (UD),USAP	ODGEN
4	CHANDAN SHUKLA	GIRISH KUMAR SHUKLA		MBA (GENERAL)	ODGEN
5	SHIVANG CHAWLA	VIJAY CHAWLA		PH.D, USMS	ODGEN
6	AMIT PANDEY	OM PRAKASH PANDEY	03516603921	MBA, USMS	ODGEN
7	P SHREEPATI	RAM SUJAN PANDEY		BALLB, USLLS	ODGEN
8	SUSHANT PAL	YASH PAL SINGH		MAMC	ODGEN
9	PIYUSH JAIN	ADARSH JAIN		MBA (GEN),USMS	ODGEN
10	PRASHUK JAIN	AKHLESH JAIN		MBA (FA),USMS	ODGEN
11	PRASHANT	NARAYAN DASS	'03616503520	BBALLB,USLLS	ODSC
12	ADITYA SAHA	GOUTAM SAHA		MBA (GEN),USMS	FOREIGN
13	AASHISH MEHATA	SHIV NARAYAN MAHATO		MBA (GEN), USMS	FOREIGN
14	SHAMBU KUMAR KUSHWAHA	NAGINDRA MAHTO KOIRI		B.TECH (IT),USICT	FOREIGN
15	RAJU KUMAR RAUT	DUKHA RAUT KURMI		B.TECH (IT),USICT	FOREIGN
16	AYUSH SHAH	KISHOR KUMAR SAH SUDI		B.TECH (IT), USICT	FOREIGN
17	PUSHKAR LABH	MANOJ KUMAR LABH		B.TECH (CSE), USICT	FOREIGN
18	DIPESH KUMAR SAH	DINESH PRASAD SAH		B.TECH (CSE), USICT	FOREIGN
19	PRANAV AHUJA	MUNISH AHUJA		B.TECH (IT)	FOREIGN

Vinay 26 Sept 2022
Vinay Shah

Warden, Aravali Boys Hostel

Copy to:-

- 1. In charge, UITS to PI upload on the university website.**
- 2. Aravali Boys Hostel notice board.**
- 3. All concerned.**
- 4. Guard File.**

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ARAVALI BOYS HOSTEL G.G.S. INDRAPRATHA UNIVERSITY

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HOSTEL IDENTITY CARD FORM
(to be filled by the student) 2022-23

**The Photo
Should
Be Attested by
The warden /
Chief Warden**

1. Name Class..... Subject.....
2. Father's Name
2. Mother's Name
3. Date of Birth (Day, Month, and Year).....
4. Permanent Address
.....
5. Address of Parents for Correspondence (if different from above) (Phone / Fax / E-mail) / Mobile.....
6. Name and Address of Local Guardian
- (Phone / Fax / E-mail) / Mobile.....
7. Room No.....Name of the Hostel.....
8. Hostel/Admission fee Receipt No Date.....Signature of Clerk

Signature of Hostel Warden

Signature of Chief Warden

MEDICAL FITNESS FORM

(to be submitted at the time of Interview/Admission)

(2022-2023 Session)

Name of Student Mr.

s/o

Age.....Sex:..... Marital Status.....

Name, Address and Phone No. of Family Doctor

Have you ever been diagnosed with Diabetes/Hypertension/Sleeping disorder/Anorexia/Tuberculosis/
Asthma/Epilepsy or **any Psychiatric** illness? Yes / No

If yes, provide details of treatment taken and Name and Address of the Doctor.....

Are you HIV positive? Yes / No

Are you Hepatitis B Positive? Yes / No

Are you suffering from any category of Skin Disease?

If yes, please specify

Are you suffering from any heart disease? Yes / No

Are you suffering from any disease which may require sudden emergency treatment? Yes / No

If yes, please mention the line of treatment it may require.....

Are you suffering from any fear / Phobia. If yes, please specify

Other than above any other medical information you want to give. (Attach a separate sheet)

All the mentioned details have to be duly certified by a qualified medical practitioner (Allopathy)

registered by DMC/State Medical council

* Strike whichever is not applicable.

Use in original

MEDICAL CERTIFICATE
(to be submitted at the time of Interview/Admission)
(2022-2023 Session)

I certify that I have carefully examined Mr/Mrs:"
Son/Wife of Mr./Ms./Mrs*
whose signature is given below. Based on the examination, I certify that he/she is in good mental and physical health and is free from any physical defects, which may interfere with his/ her studies including the active outdoor duties required of a professional and his/her residence in the hostel.

Visible Mark of Identification

Blood Group :

Signature of the Candidate :

Place :

Date :

Name and Signature of the Medical Officer with Seal and Registration Number #

Strike whichever is not applicable.

To be signed by a registered Medical Practitioner holding a degree not below that of MBBS.

Use in Original

**CERTIFICATE FOR AVAILING ADMISSION AGAINST PHYSICALLY
HANDICAPPED QUOTA**

(To be submitted at the time of Interview/Admission)
(2022-2023 Session)

Certified that Mr/Ms./Mrs

Son/Daughter/Wife of is

Physically handicapped due to and he/she is fit

For undergoing the course(s)

.....

At Guru Gobind Singh Indraprastha University, Delhi and can be a hostel resident.

(Office Seal)

Name & Signature
The Officer-in-charge
Vocational Rehabilitation
Centre for Physically Handicapped

Date:

*** Note: Use photocopy of this Form**