

# CHRIST LADIES HOSTEL, IRINJALAKUDA

## Application Form for Admission to the Hostel 202\_ - 2\_

### Important Instructions

- Please refer to the Guidelines in the Admission Prospectus and/or the <https://christcollegeijk.edu.in/ladies> for any details.
- For applying for hostel, Original Medical Certificate of fitness and contagious diseases with other essential documents should be submitted along with the application available at hostel office or in the website at the time of registration.
- No column should be left blank. Write N.A. if not applicable.
- All the details should be filled in Block Letters.
- Duly filled in application Form is to be signed by the candidate with blue/ black pen and duly countersigned by the parent/ guardian.
- Normally the admission to the hostel is for one academic year which is mentioned in the application form. An application must be submitted every academic year for readmission. Re-admission is offered on the basis of merits and good conduct during the previous year in the hostel. There is no guarantee that a student who got admission in the previous year may be given admission in the fore coming years.

Name	Age & DOB
Programme	
Religion	Caste & Community
Blood Group	
Health Details*	
Epilepsy (past or present) / Allergies / Any medication	
Any contagious diseases (past or present) (TB, Leprosy, HIV)	
Institution last attended: School / College:	Years: From To
Sports Quota: Yes / No  (If yes, attach the document)	

**Tick the required option**

<b>UG (AIDED)</b>	<b>UG (SELF FINANCING)</b>
<b>PG (AIDED)</b>	<b>PG (SELF FINANCING)</b>
<b>Name and department of the Faculty</b>	
<b>Name and department of Research Scholar</b>	
<b>Disability** : Yes / No</b>	
<b>Two-Seater AC</b>	<b>Two-Seater (non-AC)</b>
<b>Four-Seater AC</b>	<b>Four-Seater (Non-AC attached)</b>
<b>Four-Seater (Non-AC without attached)</b>	<b>Six-Seater AC</b>
<b>Six-Seater (Non-AC)</b>	<b>Six-Seater (Non-AC without attached)</b>

**Permanent Address**

Address \_\_\_\_\_

Town / City \_\_\_\_\_

District \_\_\_\_\_

State / UT \_\_\_\_\_

Country \_\_\_\_\_ Pin/Zip \_\_\_\_\_

**Correspondence Address (If different from permanent address)**

Address \_\_\_\_\_

Town / City \_\_\_\_\_

District \_\_\_\_\_

State/UT \_\_\_\_\_

Country \_\_\_\_\_ Pin/Zip \_\_\_\_\_

**Telephone No**

**FATHER /MOTHER**

Residence (with STDCode) \_\_\_\_\_

Office (with STD Code) \_\_\_\_\_

Mobile \_\_\_\_\_

E-mail ID \_\_\_\_\_

WhatsappNo \_\_\_\_\_

**GUARDIAN**

Residence (with STD Code) \_\_\_\_\_

Office (with STD Code ) \_\_\_\_\_

Mobile \_\_\_\_\_

E-mail ID \_\_\_\_\_

	WhatsAppNo_____
	<b>STUDENT</b> Residence (with STD Code)_____ Office (with STD Code)_____ Mobile _____ E-mail ID_____ Whatsapp No_____

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- \* Fitness and contagious disease certificate (Registered Medical Practitioner).
  - \*\* Attach the copy of medical certificate with the application.

## **UNDERTAKING FOR HOSTEL FACILITY BY THE STUDENT**

I, \_\_\_\_\_ S/o/D/o \_\_\_\_\_ do hereby solemnly affirm and undertake that:

1. I shall abide by all the rules and regulations of the Christ College Ladies Hostel, Ordinances, Regulations, Rules, Orders, Instructions, Information, Guidelines, Manuals, Code, Circulars etc.
2. I shall retain the hostel accommodation for the full academic session (i.e. one year) and if due to any reason I leave the hostel during the academic session (one year), I shall pay the hostel charges for full academic year.
3. I am aware that ragging is a criminal offence and is strictly prohibited. I shall not indulge directly or indirectly in any act of ragging on the campus, in hostel or outside the campus of the Institution. If I indulge in ragging, the discipline committee may take appropriate disciplinary action (including rustication/expulsion from the hostel) against me and further legal action as per law of land.
4. I hereby declare that the information given by me above are true and complete to the best of my knowledge and belief and the certificates, documents and other information submitted by me are genuine and nothing has been concealed / suppressed. I understand that if any of the statements made by me above is found incorrect, I shall be liable to such disciplinary action(s) and/ or penalty as may be decided by the Disciplinary Committee, notwithstanding legal action under the law of the land. In such case, the hostel fee and other charges deposited by me shall be forfeited.

Place:

Date:

(Signature of the Student)

## UNDERTAKING TO BE SIGNED BY THE PARENT / GUARDIAN

I, \_\_\_\_\_ S/o/D/o \_\_\_\_\_  
do hereby solemnly affirms and undertake that:

1. My son/daughter/ ward, \_\_\_\_\_ has submitted this application for Hostel Facility with full understanding and my express permission; and I shall hold myself responsible for his/her good conduct and behaviour as a student of the Christ College Ladies Hostel and adherence to the rules and regulations.
2. I shall hold myself responsible for payment of all his/her fee and other charges during his/her stay in the hostel and pending dues, penalty, etc.
3. I shall, myself, be responsible for any sort of liability arising and any civil or criminal case lying against my son/daughter/ward during the course of study.
4. I endorse the undertaking given by my son/daughter /ward.

Place:

Date:

(Full signature of the Parent/Guardian)

Name \_\_\_\_\_

Relationship with the Student \_\_\_\_\_

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**(For Office use only)**

Student Class Roll No.: \_\_\_\_\_

College Admission No: \_\_\_\_\_

Hostel Registration No: \_\_\_\_\_

Aadhar No: \_\_\_\_\_

Hostel Fee: \_\_\_\_\_

**MEDICAL CERTIFICATE OF FITNESS & CONTAGIOUS DISEASE  
FOR HOSTEL ADMISSION**

This is to certify that I have examined Mr./Ms. \_\_\_\_\_,  
Son/ Daughter of Mr./ Mrs. \_\_\_\_\_, aged \_\_\_\_\_ years, residing at:  
Village/ Locality: \_\_\_\_\_ P.O.: \_\_\_\_\_ P.S.: \_\_\_\_\_  
District: \_\_\_\_\_ State: \_\_\_\_\_ Pin \_\_\_\_\_

Upon medical examination, I find that the above-mentioned individual is

- Free from any contagious or infectious diseases that may interfere with normal living in a hostel environment (Allergies, TB, Hepatitis, Leprosy, HIV).
- Free from defective vision (including colour blindness) or hearing impairment
- Physically and mentally fit to reside in a hostel and pursue academic activities.

I certify that he / she is in good health and fit for hostel accommodation.

This certificate is issued for the purpose of hostel admission at \_\_\_\_\_  
\_\_\_\_\_ (Institution Name).

Signature of Medical Officer:

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

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

Seal and Stamp:

Date:

Place: