

BANARAS HINDU UNIVERSITY

**APPLICATION FORM FOR ALLOTMENT OF HOSTEL/CITY DELEGACY - CUM - DOSSIER FORM
(TO BE FILLED IN QUADRUPPLICATE BY ALL STUDENTS)**



The Dean,
Faculty of _____
Banaras Hindu University

Madam,

I am seeking admission to : Course _____ Year _____

Subject/Group I request
you to allot me a seat in the Hostel/I seek permission to stay in the city (Tick whichever is applicable).

I promise to abide by all the rules of discipline of the University, failing which any disciplinary action
may be taken against me, including expulsion from the University.

Yours faithfully,

(Signature of the applicant)

Date:

Name:

Residence during previous Session (If a BHU student)

Name of the Hostel (if hosteller) :

Block No. Room No. If

city delegacy student, Name of the Delegacy

FOR OFFICE USE ONLY

Admit Km./Smt. as a
Hostel resident/ as a Day scholar in city.

Hostel/City

(Signature with seal)

Dated:

Dean

Residence allotted (Hostel with Room Number / Delegacy) Fee

Receipt No. Dated.....

Hostel Warden / Chief Warden, City Delegacy

NOTE: ADMISSION TO A COURSE OF STUDY DOES NOT GUARANTEE ACCOMMODATION IN THE HOSTEL

PARTICULAR TO BE FILLED BY THE APPLICANT

A. UET/PET Roll No.
(for First Year students of a course)

B. Enrollment No.
(If already enrolled)

1. Name of the Applicant
2. Sex (Male/Female)
3. Date of Birth
4. Whether belongs to SC/ST/OBC/OBC Minority: Yes/No., If yes, Category
5. Blood Group (If known)
6. Identification marks
7. Any specific medical problem(s)
8. Father's Name
9. Mother's Name
10. Husband's Name (in case of married women)
11. Guardian's Name (if other than Father)
12. Relation of candidate with guardian
13. Permanent Address (Mention State, District, Town, Village & Post clearly)
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14. Police Station
15. Name of the nearest Railway Station
16. Local Address (in the case city delegacy students)
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17. **Whether ever Convicted/ Rusticated/ Debarred / Expelled / Suspended ? YES / NO**
If "YES" give details.
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18. Name, Address and Telephone Nos. (if any) of person to be contacted in emergency.
(a) Outside Varanasi :
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Phone: Mobile
Email id:
- (b) Inside Varanasi :
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Phone: Mobile
Email id:

Date:

Signature of the Applicant