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Doon University, Dehradun

Hostel Application Form

(Session:………………………….)

1. Name of Student Ms./Mrs……………………………………………………………………………
2. Nationality: ………………………
3. Sex: Male……. / Female…………
4. Enrolment No/School ID: …………………………………………
5. Date of Birth: Date……Month………Year…………………
6. Father’s Name: ………………………………………….
7. Mother’s Name: ………………………………………….
8. Merit in the PhD Qualifying Exam……………………………….
9. Programme Name: …………………………………………………………………………………………
10. School of ……………………………………………………………………
11. Date of Joining the University: ……………………………
12. Address details

|  |  |
| --- | --- |
| **Correspondence Address:** | **Permanent Address:** |

1. Student Mobile No.: …………………………………………………………….
2. Parents’ Mobile No.: ……………………………………………………
3. Parents’ Email Id: ………………………………………………………………
4. Student’s Email Id: ……………………………………………………….
5. Local Guardian’s Name : …………………………………………………….

Address: ………………………………………………………………………………………………………

Relation with Student: ……………………………………………..

Signature of parents Signature of Local guardian Signature of Student

 **Doon University, Dehradun**

**Hostel Application Form**

**Medical Fitness Certificate**

**(To be Submitted at the Time of Interview/Admission) (2025-2026 Session)**

I certify that I have carefully examined Ms/Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Son/Daughter of Mr./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 her studies including the active outdoor duties required of a professional and her residence in the hostel.

Visible Mark of Identification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Blood Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place:

Date:

Name & 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 M.B.B.S.

**Doon University, Dehradun**

**Hostel Application Form**

**Affidavit by the Student**

1. I, ………………………………………………………………………………………(full name of student with admission/registration/enrolment number) Son/Daughter of …………………………………………………………………………. having been admitted to …………………………………………………………………………………………… (Name of the Programme)……………………………………………………. (Name of the Institution) received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.
2. I have, in particular, perused clause 3 (available in the Gazette of India July 4, 2009) of the Regulations and am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9.1 (available in the Gazette of India July 4, 2009) of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that

I will not indulge in any behavior or act that maybe constituted as ragging under clause 3 of the Regulations.

I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

1. I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal actions that may be taken against me under any penal law or any law for the time being in force.
2. I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this........... Day of ....................... Month of Year.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Deponent

 Name:

**VERIFICATION**

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at……..….(Place) on this the…………. (Day) of ......................(Month) …………...…(Year)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Deponent

Solemnly affirmed and signed in my presence on this the .......... (Day) of ………….(Month) (Year) after reading the contents of this affidavit.

**Undertaking from the Student and Guardian**

I …………………………………….......son/daughter of. Mr./Mrs…………….…………………… Reg. No…………………..Programme……………………………..School/dept.………………………………. Student of ………………………………..hereby give an undertaking for the following during my stay at the ………………………………………………………………………………………………….

1. I shall abide by the Hostel Rules and Regulations and follow the code of conduct for students.
2. I acknowledge that the University has the authority of taking disciplinary action on me for non-compliance of the same.
3. That I understand the meaning of Ragging and know that the ragging in any form is a punishable offence and the same is banned by the Court of Law. I understand that, in case I am involved in ragging, the case will be reported the police and the law will take its own course and I will be summarily expelled from the Institute. That I have not been found or charged for my involvement in any kind of ragging in the past. However, I undertake to face disciplinary action/legal proceedings including expulsion from the Institute if the above statement is found to be untrue or the facts are concealed, I hereby fully endorse the undertaking made by my son/daughter. ./Mr./Ms……………….........................Dept.: ................................................................ student of Doon University hereby give an undertaking for the at any stage in future. That I shall not resort to ragging in any form at any place and shall abide by the rules/laws prescribed by the Courts, Government of India and the University authorities for the purpose from time to time.
4. I understand that as per Hostel Rules and Regulations, I will not be permitted to possess or use any motorized vehicle (2-4 wheelers) inside the Hostel campus, unless I am permitted to do so by a written prior authorization from the Dy. Warden/Warden.
5. In the event of my involvement in any activity outside the campus which is punishable by the law of the land, the Institute shall in no way provide any support to me and will be not be responsible either for my action.
6. I also declare that I am not suffering from any serious/contagious ailment including psychology related symptoms.
7. I will fully abide by the hostel rules. If at any stage, I am found to violate hostel rules on indulge in any case of misconduct, I understand very clearly that my hostel allotment may instantly be cancelled without assigning any reason.
8. That I have read and understood the directives of the Hon'ble Supreme Court of India on anti-ragging. I have submitted the required affidavit and undertaking forms duly signed by my parents and also myself.

Signature of Student

I hereby fully endorse the undertaking made by my Son/daughter.

 Signature of Father/Mother and or Guardian.

**Doon University, Dehradun**

**Hostel Application Form**

**Affidavit by the Parent/Guardian**

1. I Mr./Mrs./Ms………………………………………………………………………(full name of the parent/guardian)father/mother/ guardian of Mr./Ms……………………………………………..(full Name of student with admission/registration/enrolment number) having been admitted to…………………………………. (name of the programme) .................................................. (name of the institute), have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.
2. I have, in particular, perused clause 3 (available in the Gazette of India July 4, 2009) of the Regulations and am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9.1 (available in the Gazette of India July 4, 2009) of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that
	1. My ward will not indulge in any behavior or act that maybe constituted as ragging under clause 3 of the Regulations.
	2. My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
5. I hereby affirm that, if found guilty of ragging my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal actions that may be taken against me under any penal law or any law for the time being in force.
6. I hereby declare that My ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this…………………. day of ………………………. month of year.

Solemnly affirmed and signed in my presence on this the ………………(Day) of………..this affidavit.

Address: Telephone/Mobile No:

(Month)........ (Year)

**VERIFICATION**

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein. Verified at ……………………..(Place) on this the ..... (Month)

Signature of deponent with (Year) after reading the contents**.**