



Arunodaya University

(Established Under Section 2(f) of UGC Act, 1956)

www.arunodayauniversity.ac.in

Lekhi Village, Naharlagun, Itanagar, Distt. Papum Pare, Arunachal Pradesh- 791110

HOSTEL ADMISSION FORM

(Session: 20.... - 20....)

Important Instructions

- For applying for hostel, Original Medical Certificate, Identity Proof and all essential documents at the time of Admission.
- No column should be left blank. Write **N.A.** if not applicable.
- All the details should be filled in **Block Capital Letters**

PERSONAL DATA:

1) Full Name (with Surname).....

2) Residential Address

3) Pin..... City..... State.....

(Mobile)..... Home Tel.

4) Email.....

5) Date of Birth

6) Emergency Phone Number (Parent/Guardian/Local Guardian)

7) Course: Batch: Class:

8) Food habit of student: Veg.; Non-Veg.

9) Details of major illness, if any, during last 3 years:

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Restriction on medicine, if any:

I have read and understood the hostel rules and regulations and will abide by it.

I declare that the information given above is true to the best of my knowledge. I agree that if any information furnished above found incorrect my admission is liable to be cancelled.

Date:

Signature of the Parents/Guardian

Signature of the student

.....

.....

.....

Paste Your
Recent Passport
Size Photograph

FAMILY BACKGROUND:

- 1) Full name of the Parent/Guardian
- 2) Relationship
- 3) Occupation Designation

4) Permanent Address

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Email Tel. No. (Mobile /Res.)

NEAREST LOCAL GUARDIAN (if any)

5) Name and address of contact person who should be contacted (in case of emergency)

1) Name

Address

..... Tel. No. (Mob/Res)

2) Name

Address

..... Tel. No. (Mob/Res)

Date:

Signature of (Parents/Guardian)

.....

(For Office Use Only)

(To be filled up by respective Hostel Warden)

Allotted Room No.

Please accept Rs only) as Room Rent. /

Hostel Security and Mess Security, from Mr./Ms.

Room Rent Rs Securities Rs

Signature of Hostel Incharge

MEDICAL FITNESS CERTIFICATE FOR HOSTEL

(To be signed by a registered medical practitioner holding a Medical Degree)

(To be submitted at the time of admission in Hostel)

Full Name (in Block Letters):

Father/Mother Name:

Date of Birth: Age.....

Marks of Identification:

Blood Group: Rh+/-

Height (in Ft.): Weight (in Kg)

Does the student wear Spectacles/Lenses: No / Yes

Any comments regarding vision

.....

Hearing Loss: No/ Yes / Partial

Any Communicable/chronic disease:

Any other disease/Medical History:

Allergies, if any Any drug allergy.....

Last admission in hospital (if any)

.....

Prescribed medication, If any: 1. 2.

3.

Any other remarks:

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I certify that I have carefully examined Mr./Ms. _____ whose signature is given below. Based on the examination, I certify that he/she is physically, Mentally and Psychologically fit/unfit for staying in university Hostel.

Signature of the Candidate _____

Place:

Date:

Name & Signature of Doctor
with Seal & Registration No.