



DR. C.V. RAMAN UNIVERSITY

KARGI ROAD, KOTA, BILASPUR (C.G.)

HOSTEL REGISTRATION FORM

SESSION

(BOYS ☐ GIRLS ☐)

1. Name (In block Letters) :
2. Father's Name :
3. Mother's Name :
4. Name of the admitted course :
5. Name of the Department :
6. Name of Hostel :
7. Category (GEN / SC / ST / OBC) :
8. Date of Birth :

9. (a) Address for communication

(B) Permanent Address

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10. Ph.No./Mo.No. (Calls and Messages sent through this phone/mobile number only be accepted officially)

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11. Email ID (The e-mail sent through this e-mail ID only be accepted officially)

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12. Name & address of Local Guardians and Visitors & their relationship with the candidates (Maximum Two)

1.

2.

Signatures of visitors / LG 1 2.....

Attestation by parent
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DECLARATION BY THE CANDIDATE

I declare
that:

1. All the filled entries are correct & true.
2. No criminal case is pending against me and I have never been expected/rusticated from any educational Institution.

Institution of convicted by a court of Law.

I shall abide by the rules and regulations laid of the Hostel from time to time.

Signature of the Candidate

ADMISSION VERIFICATION CERTIFICATE

Ku/Smt/Mr. has
been admitted to (Name of the Course and Semester) in the
department of as a regular student in the session
..... The duration of the course is of Semesters.

Head of the Department

Signature & Seal

Signature of Warden