

HOSTEL APPLICATION FORM
(Academic Session: _____)

To,
The Registrar,
IMS Unison University,
Dehradun.

Dear Sir,

Affix passport
size
photograph in
formal dress

I wish to avail the University Hostel facility for the session _____. My details are given below:

Name of the Student : _____

Student Roll No.: _____ Program: _____ Batch : _____

Mobile No.: _____ Email: _____

Blood Group: _____

Father/ Legal Guardian Name: _____

Mobile No.: _____ Landline Nos.: (with STD code) _____

Email: _____

Mother/ Legal Guardian Name: _____

Mobile No.: _____ Landline Nos.: (with STD code) _____

Email: _____

Permanent Address: _____

Pin Code: _____ State _____

Landline Nos.: (with STD code) _____

Mobile: (with country code) _____

Name of Local Guardian's _____

Address: _____

Pin Code: _____ State _____

Landline Nos.: (with STD code) _____

Mobile: (with country code) _____

Photographs and details of Parents/Local Guardians who will come to the hostel to meet & will issue permission/ request in writing for Night-Outs of their wards. (No other person is authorized to make such request).

Paste
recent
passport size
color photograph
of Father/Legal
Guardian

Paste
recent
passport size
color photograph
of Mother/Legal
Guardian

Paste
recent
passport size
color photograph
of Local Guardian

SPECIMEN SIGNATURE
(Father/Legal Guardian)

SPECIMEN SIGNATURE
(Mother/Legal Guardian)

SPECIMEN SIGNATURE
(Local Guardian)

I hereby agree that I shall follow and adhere to all Hostel policies promulgated by the University/ Hostel authorities from time to time and declare that the details furnished above are true to the best of my knowledge. I require the Hostel facility and undertake to pay all dues and deposit the same from time to time for the use of hostel and dining facilities.

I am enclosing herewith the following documents :

- i) 3 nos. recent passport size color photographs.
- ii) Permanent Address proof.

Signature of Parent/ Legal Guardian

Name:

Relationship:

Date:

Place: DEHRADUN

Signature of the Student:

Name:

Date:

Place: DEHRADUN

UNDERTAKING (FOR HOSTELLERS)

On Rs. 10 Non Judicial Stamp paper

I _____ S/o, D/o _____ student of
Program _____ Session _____ at IMS Unison University Dehradun, hereby undertake
the following:

1. That, I hereby understand that 100% attendance is expected from me and I shall never abstain from any class, including tutorial, laboratories & library periods without any valid reason and prior permission. In case, I am found abstaining from classes & if I fall short of attendance, I shall be liable for appropriate action including Suspension/Expulsion from the University /Hostel.
2. That, I understand that ragging in any form is strictly banned by the order of Honorable Supreme Court. If I am found to indulge, commit or abet in acts of ragging, I shall be liable for expulsion from the Hostel and the University.
3. That, In addition to above, I fully know that the Honorable Supreme Court has directed the educational institutions to lodge an FIR with a view to root out completely any incidence of ragging on the campus and I also know that I am liable for criminal prosecution & punishment for ragging.
4. That, I understand that I am not permitted to keep any motorized vehicle inside and/ or outside the campus in Dehradun.
5. That, I will not indulge in smoking, consumption of pan masala, gutkha, drugs, narcotics and/or alcoholic beverages in the University / Hostel campus. If any of the above items is found in my possession or in my room or if I am found intoxicated, I shall be liable to face severe disciplinary action.
6. I understand that if I will be involved in any police case, it will be entirely my responsibility and the University will not act in my favor.
7. I shall never involve myself in any such group that may cause destruction, quarrel, disturbing peace, harmony & peaceful academic ambience of the University.
8. I will neither come in way of normal functioning of the University nor will obstruct any one from normal/routine activities.
9. Will neither indulge in any mob activities, violence of any kind with fellow student & employees and security staff, nor possess any type of weapons and explosives.
10. I will not use external speakers along with my computer, if any.
11. I will not allow any of my relatives, family members & friends to stay in my room.
12. I shall be punctual and properly dressed for classes as per University norms.
13. Any change in Address, Phone and Mobile shall be intimated by me immediately to update my record with the University.
14. I shall strictly abide by the University Rules, Ordinances & Policies for students.

I shall always abide by the policies of IMS Unison University hostel failing which I shall be liable to punishment including suspension/expulsion from the University/hostel as may be awarded by the University. The University decision will be absolute, final and binding and no appeal will be admissible against it. In witness whereof, I have fixed my signature on this undertaking.

Signature of Parent/ Legal Guardian

Name _____

Address _____

Phone No. _____

Email _____

Date: _____

Signature of the Student

Name _____

Batch _____

Semester/Trimester _____

Hostel Name _____

Room No. _____

Place: Dehradun

HOSTEL ROOM INVENTORY FORM

Student's Name: _____

Father's Name: _____

Batch: _____

I acknowledge the receipt of all the items mentioned hereunder issued in the presence of authorized University authorities for Room No. _____ in working/unbreakable condition.

S.No.		Nomenclature	Quantity	Remark
1.	a	Flush Door	1	
	b	Side Door	1	
	c	Door Handles	2	
	d	Door Stopper Front/Back	1/1	
	e	Door Tower Bolt (6")	2	
2.	a	Window Wooden	1	
	b	Window Wire Mesh (3' -7" x 1')	2	
	c	Window Glass (3' -7" x 1')	2	
	d	Window Glass Fixed (2' -7" x 1'-11")	3	
	e	Window Glass Fixed (r' -5" x 1'-10")	2	
	f	Window Handles	4	
	g	Window Tower Bolts	8	
	h	Window Stay Rods	2	
	i	Pelmet (7' x 6")	1	
	j	Pelmet Road (7")	1	
3.	a	Almirah (Cupboard) Wooden	2	
	b	Hanging Rod (2" - 10")	2	
	c	Almirah Steel Handle	4	
	d	Almirah Catcher	4	
	e	Almirah Tower Bolt	2	
	f	Almirah Lock with Duplicate key	2	
	g	Almirah Drawer	2	
4.	a	Students Study Table	2	
	b	Table Drawer with Knob	2	
	c	Table Catcher	2	
	d	Table Knob	2	
	e	Table Multipurpose Locks	2	
	f	Computer Pointer Board	2	
5.	a	Bed Box Type	2	
	b	Mattress	2	
6.		Student's Book Racks	2	
7.		Chair	2	
8.		Table Light 40 W with accessories	2	
9.		Celling Fan	1	
10.		Fan Regulator	1	
11.		Switch Board (9" x 10")	14	
12.		Switch Board (5" x 5")	3	
13.		Switch Board (7.5" x 5.5")	1	
14.		Switch 5 Amp.	4	
15.		Socket 5 Amp.	2	
16.		Socket 15 Amp.	1	
17.		Switch 15 Amp.	4	

I assure you, I will return all the above items in good and working condition. If any item is found damaged at the time of handing over the room to Warden, the cost of damaged items/repair costs will be paid by me at that time only.

Signature of Student

Name: _____

Batch: _____

Room No.: _____

Date: _____

Date: / /

Signature of Hostel Warden

HOSTEL LOBBY INVENTORY FORM

We acknowledge the receipt of all the items mentioned hereunder issued in the presence of authorized University authorities for Room No. _____ in working/unbreakable condition.

S.No.		Nomenclature	Quantity	Remark
1.	a	Flush Door Wooden	2	
	b	Door Handles	4	
	c	Doors Sliding	2	
	d	Doors Stopper Front/Back	2/2	
	e	Doors tower Bolts	2/2	
	f	Door Glass Fixed (2' - 10" x 1' - 10")	1/1	
2.	a	Window Wooden	1	
	b	Window Wire Mesh (3' - 7" x 1')	4	
	c	Window Glass (3' - 7" x 1')	4	
	d	Window Tower Bolts	8	
	e	Window Handles	8	
	f	Window Stay Rods	4	
	g	Window Glass Fixed (2' - 10" x 2' - 4") Fixed	2	
3.		MCB Distribution Board (3 ways)	1	
4.		Tube Lights 40W with Accessories	4	
5.		Ceiling Fan	1	
6.		Fan Regulator	1	
7.		Switch Board (9" x 10")	1	
8.		Switch Board (8" x 5")	2	
9.		Switch Board (5" x 5")	2	
10.		Switch 5 amp	8	
11.		Socket 3 pin Plug 5 amp	1	
12.		Switch 15 amp	1	
13.		Socket 15 amp 3 pin Plug	1	
14.		Pourch Light	1	
15.		CP. Jali	4	
16.		Flush Value	1	
17.		WC Indian/Western Type	1	
18.		Short Body	1	
19.	a	Wash Basin	1	
	b	Centre Hole Mixer	1	
	c	Bottom Trap Wash Basin	1	
	d	Angle Cock Wash Basin	2	
	e	CP Connection Wash Basin	2	
20.		Wall Mixer (Water)/LEG	1	
21.		Concealed Stop Cock	2	
22.		Shower	1	
23.		Door Flush Toilet	2	
24.		Door Handles	4	
25.		Door Tower Bolts	4	
26.	a	Ventilators	2	
	b	Ventilators Wire Mesh (1' - 7" x 1' - 5")	2	
	c	Ventilators Glass (1' x 1' - 5")	2	
	d	Ventilators Handles	2	
	e	Ventilators Tower Bolts	2	
	f	Short Body	1	
	g	Toilet's Handing Hooks	1	
27.		Locking Mirror	1	
28.		Internet Distribution Point		

I assure you, I will return all the above items in good and working condition. If any item is found damaged at the time of handing over the room to Warden, the cost of damaged items/repair costs will be paid by me at that time only.

Signature of Student

Name: _____

Batch: _____

Room No.: _____

Date: _____

Date: / /

Signature of Hostel Warden

MEDICAL HISTORY FORM

This information is confidential and strictly for use of IMS Unison University. It will assist us in providing emergency medical care while you are a student at IMS Unison University. It will not be revealed to anyone without your knowledge and consent, other than for medical reasons.

NAME OF STUDENT (as mentioned in Class X Marksheet)

[illegible]

DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y
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GENDER

11

Male

11

Female

PART I: GENERAL INFORMATION

Father/Legal Guardian Name: _____

[illegible]

Mobile:

[illegible]

Email:

[illegible]

Mother/Legal Guardian Name:

[illegible]

Mobile:

[illegible]

Email:

[illegible]

PART II: STUDENT MEDICAL HISTORY REPORT

(To be filled by Parent & Student)

S.No.	Questions	Check Yes or No	Remarks
1	Episodes of syncope or fainting?	Yes/No	
2	Migraine headaches?	Yes/No	
3	Epilepsy/Seizures/Convulsions?	Yes/No	
4	Asthma or episodes of bronchospasm/wheezing	Yes/No	
5	Cardiac Conditions: Heart Disease?	Yes/No	
6	Diabetes?	Yes/No	
7	Tuberculosis?	Yes/No	
8	Kidney Disease?	Yes/No	
9	Blood Pressure disorder?	Yes/No	
10	Thyroid disease or other endocrine (hormonal) Problems?	Yes/No	
11	Cancer?	Yes/No	
12	Elevated Cholesterol?	Yes/No	
13	Any bleeding disorders?	Yes/No	
14	Episode of depression?	Yes/No	

S.No.	Questions	Check Yes or No	Remarks
15	Use of anti depressants or sedatives?	Yes/No	
16	Does he/she has any allergies to medications?*	Yes/No	
17	Hepatitis?	Yes/No	
18	Others chronic diseases etc.?	Yes/No	
19	Orthopedic problems?	Yes/No	
20	E.N.T problems?	Yes/No	
21	Communicable disease?	Yes/No	
22	Genito-urinary Problems?	Yes/No	
23	Skin Related Problems?	Yes/No	

* If so, please state which medications and the nature of reaction _____

Vaccinations

S.No.	Questions	Check Yes or No	Remarks
1	Hepatitis A	Yes/No	
2	Hepatitis B	Yes/No	
3	Swine Flu (H1N1)	Yes/No	
4	Bird Flu (H5N1)	Yes/No	

Please provide a list of all medications (both prescription and non-prescription)

Medication	Dosage
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Signature of Parent/Legal Guardian:

Name (in block letters):

Date:

Place: DEHRADUN

Signature of the Student :

Name (in block letters):

Date:

Place: DEHRADUN

MEDICAL FITNESS CERTIFICATE

(To be obtained from a Registered Medical Officer)

Student Name:			Age:	
Father's Name:			Gender:	
Roll No.:			Blood Group:	
L.T.	M.I.	V I S I O N	Color Vision	
Height	Weight		Without Glass	
Chest	Abdomen		With Glass	
History	Operation Seizures	Kockh's Asthma	Colics Piles	BP Diabetes
E X A M I N A T I O N S	Pulse		Tonsil	
	DMS		Hernia	
	Pallor		L. Nodes	
	CSOM		Hydrocele	
	Cardiovascular		CNS	
	Respiratory		GIT	
Genitourinary		Others		
<i>Any Other Findings</i>				

In reference to my medical examination, I hereby certify that I have thoroughly examined your ward Mr./Ms. _____ Son/Daughter of _____ and found him/her in good health and fit for normal University life and routine work.

I have particularly conducted his/her skin examination and certify that he/she is not suffering from any communicable/ non-communicable skin disease.

To the best of my knowledge and belief, he/she has not during the last 30 days, suffered from or been exposed to any infectious or contagious disease.

Signature of the Doctor (with Seal)

Indian Medical Council No.:

Name:

(In block letters)

Qualification:

Address:

Phone No.:

Date:

MEDICAL AUTHORIZATION FORM

(Must be completed in full)

Student Name:	Roll No.:	Program:	Batch:
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In case of a Medical or surgical emergency, a written consent from parents or legal guardian is required. In the rare instance of the proper person being unreachable, in order to avoid any delay that might jeopardize the life or recovery of a student, we request the parents/legal guardian for the following permission, with the understanding that every effort will be made to contact you in case of any emergency.

I Mr./Ms. _____ hereby, authorize the Registrar of IMS Unison University or other authorized staff member of IMS Unison University, to arrange the necessary procedures for diagnosis, immunization, medical treatment and minor surgical treatment for my ward Mr./Ms. _____.

I hereby, further authorize any physician/surgeons referred by the Registrar, to give necessary anesthesia and perform emergency medical or surgical procedures for any occurrences of any adversities/ repercussions, during the University term. In any such eventuality, despite due proper diligence and care having been exercised by the University Authorities, I further undertake to absolve the Officers and staff of the University of any entailing consequences.

Signature of Parent/ Legal Guardian

Name:

Relationship:

Date:

Place: DEHRADUN

HOSTEL DAY/NIGHT OUT LEAVE FORM

(Should be kept by the Student for future use)

To,
The Warden,
IMS Unison University,
Dehradun.

Sub. : Day/Night-Out Leave from Hostel for (Date/Period of) _____ from (Time/Date) _____ to _____ .

Sir/Madam,

Kindly grant me Day/Night-Out Leave from hostel, as I am going to (Tick one only)

1. To meet my parents at home
2. To meet my local guardians
3. Other (Specify reason) _____

Date/ Period of: _____

From (Time/Date): _____ To (Time/Date): _____

I undertake that I am going on Day/Night-Out from IMS Unison University Hostel at my own risk and cost and shall not hold the University responsible for shortage of minimum stipulated attendance (i.e., 75%), any Mishap, Accident etc., including Death that might occur during this period and hereby indemnify the IMS Unison University from any claims whatsoever relating to this. I also understand that I can be liable for suitable punishment including Expulsion/ Suspension from Hostel/ University in case found violating the terms and conditions for my Day/Night-Out Leave.

Thanking you

Yours obediently

(Signature of the Student)

Date _____

Name: _____ **Room No.:** _____

Program _____ **Year/Semester/Trimester :** _____

(Contact details during the period of leave)

Address : _____

Telephone No. (with STD code): _____ **Mobile No.:** _____

Approval of Warden