

**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

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**SPECIMEN SIGNATURE**  
(Father/Legal Guardian)

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**SPECIMEN SIGNATURE**  
(Mother/Legal Guardian)

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**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"x2'-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"x1'-5")   | 2        |        |
|       | c | Ventilators Glass (1'x1'-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 |
|---|---|---|---|---|---|---|---|

## GENDER

10

Male

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<br>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 \_\_\_\_\_

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### Vaccinations

| S.No. | Questions        | Check<br>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<br>I<br>S<br>I<br>O<br>N | Color Vision  |        |
| Height   | Weight         |                            | Without Glass |        |
| Chest  | Abdomen        |                            | With Glass    |        |
| History  |                | Operation                  | Kockh's       | Colics |
|  |                | Seizures                   | Asthma        | Piles  |
| E<br>X<br>A<br>M<br>I<br>N<br>A<br>T<br>I<br>O<br>N<br>S | Pulse          |                            | Tonsil        |        |
|  | DMS            |                            | Hernia        |        |
|  | Pallor         |                            | L. Nodes      |        |
|  | CSOM           |                            | Hydrocele     |        |
|  | Cardiovascular |                            | CNS           |        |
|  | Respiratory    |                            | GIT           |        |
|  | Genitourinary  |                            | Others        |        |
| Any Other Findings                                       |                |                            |               |        |

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: |
|---------------|-----------|----------|--------|

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**