



# 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

.....  
.....  
.....

.....  
.....  
.....

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

.....

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

.....

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 .....

## 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 expelled/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**