**ALI YAVAR JUNG NATIONAL INSTITUTE FOR THE HEARING IIIANDICAIPPED
MANOVIKASNAGAR, BOWENPALLY, P.O. SECUNDERABAD-09**

**APPLICATION FORM FOR ADMISSION INTO THE BOYS / GIRLS HOSTEL**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name | **:** |  |
| 2 | Father’s Name | **:** |  |
| 3 | Guardian’s Name | **:** |  |
| 4 | Date of Birth | **:** |  |
| 5 | Gender | **:** |  |
| 6 | Marital Status {married /unmarried} | **:** |  |
| 7 | Name of the course attending | **:** |  |
| 8 | Duration of the course | **:** |  |
| 9 | Occupation of the Parent/ guardian | **:** |  |
| 10 | Permanent address with telephone no and e-mail id (if any) | **:** |  |
| 11 | Name and address of the local guardian: with telephone no. (if any) | **:** |  |

I agree to abide by the rules and regulations of the hostel

framed from time to time. I also promise to defray myself from serious offence like ragging and creating nuisance harmful to myself and healthy environment of hostel and institute. If I found involved in such activities my case may be dealt as per rule.

Date:

Place: Signature of the Applicant

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**PARENT'S DECLARATION REGARDING GUARDIANSHIP AND PERMISSION TO
STAY OUTSIDE OF THE HOSTEL**

1. Please choose the suitable of the following 1 (a) or 1 (b)

* 1. I hereby declare that Shri/ Smt/ Kum ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will be the local guardian of my son/daughter during the academic year \_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. My son /daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will not have any local guardian.

2. Please choose and tick any one of the following suitable for you.

* 1. I have no objection if my son/daughter is with the local guardian on weekends and holidays, provided permission from hostel warden to my son/ daughter on their request to leave the hostel.

(Or)

* 1. I would not like my son/daughter to be with local guardian during the weekend and /or holidays.

3. (a) In case of emergency my son/ 'daughter may be permitted at his/ her own risk and I vouch for

 any untoward incidence.

(b) Even in case of emergency my son/ daughter should not be permitted to leave the hostel unless

 my written or telephone permission.

Signature of the Student Signature of the Parent Signature of the Local Guardian

DECLARATION OF THE HEALTH STATUS

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is not suffering from any long term illness / diseases.

If suffering, specify the condition and the medicines prescribed by the Doctor.

(Medical reports to be enclosed in case of serious illness)

Date: Signature of the Applicant

Date: Signature of the Parent

TO BE FILLED IN BY THE PARENT / GUARDIAN / LOCAL GUARDIAN

 I hereby take responsibility of the conduct and behavior of my son / daughter Mr./Mrs./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ during his/ her stay in hostel of AYJNIHH SRC. I Promise to pay the outstanding dues as and when required by the authority. I also promise that my son/daughter will not be involved in serious offences like ragging and other unhealthy illegal activities. If found involved in such activities, his /her candidature may be dealt seriously as per rules. In such case accountability of his/her carrier will be solely on me.

Date:

Place:

Signature of the Parent Signature of the Guardian

DECLARATION

I admitted in

course have been informed that there is limited accommodation in the hostel. I agree to stay in the hostel with whatever facilities available. That is four to five persons sharing one room and infrastructure available in the room.

Further it has been informed that the fee remitted towards the hostel fee will not be refunded under any circumstances and the management is not responsible for personal belongings such as cell phones, cash, jewels etc. It is the responsibility of the hostel inmate to keep them safely.

Signature of the Student Signature of the Parent / Guardian

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Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is admitted to the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ course. In her/his application the candidate has indicated the need for the hostel. It is requested that accommodation if available may be provided for the period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Signature of the course coordinator with office seal

Station:

The accommodation is provided to Mr/Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the period of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Signature of the warden

Station: