

Sardar Patel University, Mandi, Himachal Pradesh (A State Government University)

No.SPU-Mandi/DP/2024-22

Dated. 03.0 .2024

GIRLS' HOSTEL ADMISSION NOTICE

Session 2024-25

It is to inform all concerned that Girls' Hostel Admission Form will be available in University website from 06-09-2024 i.e. http://www.spumandi.ac.in Therefore, willing girl's students are asked to download the Admission form and submit the hard copy of the same along with all required documents in the Warden's office (Department of Management studies, Mandav Complex Room No.-07) by 13 September 2024 positively.

The incomplete forms will be rejected straightway. The eligible candidate(s) shall be allotted hostel subject to the availability of seats on the basis of merit according to number of vacancies available for that department as worked out proportionately amongst the departments.

All the formalities are required to be completed by the concerned candidate. The allotment of seats will be made by the "Hostel Committee" as per approved scheme of allotment. However, no allotment will be made to the candidate against whom an FIR is lodged by the University. Students have to deposit their hostel fee in the Finance office. However, the allotted seat stands automatically cancelled in case the candidate fails to deposit her mess security and hostel dues within the stipulated period and the seat shall be allotted to the candidate next in order of merit.

Related Document: Admission Form, Domicile Certificate, Category Certificate, Aadhar Card and Proof of the score on the basis of which candidate got Admission in the concern department.

Last date for submission of Admission Form: 13-09-2024.

Dr. Saneel Thakur Dean (P&D)

(Convenor-Hostel Committee)

Copy to:

1. The Finance officer, SPU Mandi.

2. All the Deans and HoDs, Hostel Warden

3. All the Members of the Hostel Committee.

4. PS to Vice-Chancellors Mandi

Dr. Saneel Thakui Dean (P&D)

(Convenor-Hostel Committee)

SARDAR PATEL UNIVERSITY, MANDI

HOSTEL ADMISSION FORM

(To be submitted in duplicate)

Appl	ication No	Dated:		
Note	Please tick ($\sqrt{\ }$) the category in which applying			
1.	Name of the Applicant (in block Letters)	Paste Passport size photograph		
	(in block Letters)	duly attested by		
2.	Father's Name	the Chairman.		
3.	Date of Birth	-		
4.	Do you belong to SC/ST/PwD	-		
5.	Department			
6.	ClassEntranc	ce/Merit Score		
7.	Registration No.			
8.	(i) Nationality (ii) Adhaar Card No. (attach copy)			
9.	Mobile No. (Self)(Father's)	E-mail		
10.	Blood group:			
11.	Allergy to any Medicine, if Yes, Please mention			
12.	Correspondence Address			
	Telephone No. (with code) OfficeR	esidence		
13.	Permanent Home Address			
	Telephone No. (with code)Parents' Mob			
14.	Name and Address of the Local Guardian			
	(person to be contacted in case of emergency)			
	(a) Relationship with Local Guardian			
	(b) Phone No. (Residence)Mol	oile No		
15.,	Were you ever punished for misconduct/violation o	f Hostel Rules/		
	indiscipline, etc. Yes/No. If yes, give details			

I	DECLARATION Son /doughton of
	Son/daughter of
	read the given Rules & Regulation and will abide by the Rules and
	orce from time to time. In the event of failure to comply with any of the
above, I hereby authorize th	ne university to initiate appropriate action on me. Moreover, I will
not indulge in any act of	ragging, indiscipline, misconduct, political and unlawful
activities and if I am for	und guilty of such offence, I will have no claim against the
expulsion/rustication fr	om the hostel in compliance to the recommendations of
	rt of India in SLP NO. 24295 of 2006 (Raghavan Committee's
Report).	
Parameter State Control of the	
Dated	
	Signature of the Applicant
	do hereby solemnly declare/
	DECLARATION BY THE PARENT/GUARDIAN
undertake that my wa	
	Rules and Regulations of the hostel. My ward shall not
	tical and other unlawful activities including ragging which
	emic atmosphere, create indiscipline and spoil congenial
	ostel. In case my ward indulges in any of such activities at
	liable to be punished as per rules and regulation. His/her
	I may be cancelled without any notice and damages, if any,
shall be recovered from	n him/her.
	Signature of the Parent/Guardian
Datada	
Dated: Place:	Address
Mobile No	

(TO BE FILLED IN BY THE DEPARTMENT CONCERNED)

(TO DE TILLELI	THE DELIMINE	art concentred)
This is certified that Mr.	/Miss	has
been admitted in the Dep	partment of	Semester
on the basis of merit und	ler	Category. He/she is a regular
student of this department	in the day classes and ha	s deposited his/herdepartment
fees vide receipt No	dated	for the
current semester ending	on	His/her name is
recommended for admission	to the hostel. Entrance/m	nerit score
		Head of theDepartmen (With office seal
	FOR OFFICE USE ONI	LY
Recommended/Not R e c o	m m e n d e d	
Name of the course	se Room No	
Roommate's Name		Class
Room handed over with foll	owing furniture:	
	1	
Admitted to hostel on	Amount Paid	Receipt No
PlaceDate		

Signature of Warden

Signature of Dean Planning (Hostel Committee Convener)