



# Guru Gobind Singh Indraprastha University

## A R A V A L I B O Y S H O S T E L

Sector 16-C, Dwarka, New Delhi-110078

DATE- 12-08-2024

### SECOND LIST OF HOSTEL ALLOTMENT FOR THE SESSION 2024-25

The following students are required to appear in Warden Office of Aravali Boys Hostel *in persons* with parents/ Local guardian for Hostel Admission for academic session 2024-25 between 02:00 PM to 5:00 PM from 13<sup>th</sup> August 2024 To 23<sup>th</sup> August 2024.

Hostel fees required to deposit by three separates Demand Draft at Hostel Office at the time of admission:

- 1- 1<sup>st</sup> Demand Draft of Rs. 46,000 /-(Rupees Forty Six Thousand only) in favor of "Registrar, G.G.S.Indraprastha University" payable in Delhi
- 2- 2<sup>nd</sup> Demand Draft of Rs.46000/- (Rupees Forty Six Thousand only) in favor of "Aravali Boys Hostel Mess Account" payable in Delhi.
- 3- 3<sup>rd</sup> Demand Draft of Rs.4000/- (Rupees Four Thousand only) in favor of "Aravali Boys Hostel Welfare Account" payable in Delhi

The following documents are required to produce at the time of Admission in Hostel:

1. Three Passport size Photograph.
2. Residence Proof (Electricity Bill/ Adhar Card/ Voter ID card).
3. Medical Certificate.
4. Original Admission/ Reporting Slip/ fees Slip
5. Self Attested Mark Sheet of 12<sup>th</sup> / Graduation.
6. Copy of antiragging form of Parents and Students (**available on website [www.antiragging.in](http://www.antiragging.in)**)

The provisional hostel allotments are subjected to verification of all the relevant documents mentioned in hostel admission brochure 2024-2025.

The Shortlisted Students are advised to read Hostel Admission Brochure available on the University Website ( <http://www.ipu.ac.in/hostels.php> ) for details rule governing Hostel Residency.



SL NO.	NAME	FATHER'S NAME	ENROLMENT NO.	COURSE	CATEGORY
1	NIRAJ JAISWAL	DURGA PRASAD		B.TECH (CE)	ODOBC
2	PRASHANT KUMAR SINGH	SANTOSH SINGH		MCA	ODGEN
3	ADARSH DHARIWAL	MANGE RAM		B.TECH (ECE)	ODSC
4	OM GUPTA	UDAY KUMAR GUPTA		B.TECH (CE)	ODOBC
5	VIKAS RATHORE	RANVEER SINGH RATHORE		B.TECH (CE)	ODEWS
6	NILAY ANAND	DHARMINDER KISHORE ANAND		B.TECH (ECE)	ODGEN
7	PAYAS JHAMB	MANOJ JHAMB		B.TECH (CE)	ODGEN
8	TUSHAR BHATIA	SUMESH KUMAR		B.TECH (CSE)	ODGEN
9	AARJAV JAIN	AMIT KUMAR JAIN		B.COM (HONS)	ODGEN
10	YASH KUMAR	NAVEEN KUMAR		B.TECH (CSE)	ODGEN
11	UDAIVEER SINGH CHAUHAN	VIKAS CHAUHAN		B.TECH (CE)	ODGEN
12	AKSHAY PRATAP SINGH CHAUHAN	PRAGAL SINGH		B.TECH (CE)	ODDEF
13	ANIMESH SHUKLA	DR. L.C. SHUKLA		LLM	ODGEN
14	ABEER MITTAL	RAJEEV KUMAR MITTAL	03116403223	B,TECH (CSE)	ODGEN
15	ARYAN RAJ	RAJ KUMAR		B.TECH (CSE)	ODGEN
16	RAJAT RANJAN	ADITYA ROHILLA		MBA (FA)	ODOBC
17	ARYAN SHARMA	PRAVEEN KUMAR SHARMA	02216403222	B.TECH (CSE)	ODGEN
18	DEVESH KUMAR SINGH	ROSHAN LAL		B.TECH (CSE)	ODSC
19	DAKSH AGRAWAL	OM PRAKASH AGRAWAL	04516412823	B.TECH (ECE)	ODGEN
20	SAHIL NARULA	GANESH NARULA	05916403223	B.TECH (CSE)	ODGEN

*[Handwritten signature]*  
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21	RISHABH YADAV	BALBIR SINGH	02716412822	B.TECH (ECE)	ODGEN
22	TANMAY GARG	MOOLCHAND GARG	07016403222	B.TECH (CSE)	ODGEN
23	OKRIDO ASRIALDI	ASRIALDI		MBA	FOREIGN
24	ROHAN GUPTA	LATE. SHIVSHANKAR P.D.GUPTA		B.TECH (CSE)	FOREIGN
25	BHASKAR SHAMO RAY	TWISWAMPATI RAY	05416403223	B.TECH (CSE)	ODGEN

*Vinay Shah*  
12/04/2024

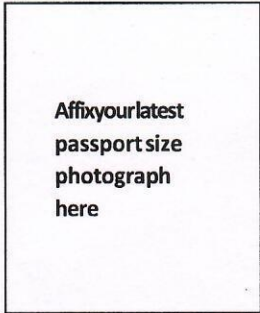
**Vinay Shah**

**Warden, Aravali Boys Hostel**

**Copy to:-**

- 1. Aravali Boys Hostel notice board.**
- 2. All concerned.**
- 3. Guard File.**

**BOY'S HOSTEL**  
**GGS Indraprastha University**  
 Dwarka, Sec-16C, New Delhi-110078  
**Hostel Application Form**  
 For the Academic Year 2024-2025  
 (ALL ENTRIES MUST BE MADE IN  
 CAPITAL LETTERS)



1. Name of Student Ms./Mrs.....
2. Nationality.....
3. Date of Birth.....
4. Enrolment No. ....
5. Programme & University School of Study.....
6. a) Date of Joining University .....
- b) Date of Joining the Hostel .....
7. Category (Delhi, Outside Delhi and .....  
 SC/ST/PH/DEFGEN)
8. Name of Parents : Father.....

Mother.....

9. Present Address of the Parents :

OFFICE

RESIDENCE

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

TelNo..... TelNo.....

Mobile \_\_\_\_\_ Mobile .....

*\*In case of change in Residential Address of parents during the session:*

10. To be filled by the Office : Allotted Room No.....

Residence : .....

Tel. .... Email ID • .....

(Signature of Warden)



**11. Undertaking by the Parents**

I ..... hereby declare that  
Shri/Km..... is my ward.

I nominate Shri / Mrs..... the relevant  
information about whom is furnished below, as his/her local guardian. If my ward Shri / Km

..... vioates any rules or regulations  
Disciplinary rules of the University.

Name & address of Local Guardians (Mandatory)

**OFFICE**

**RESIDENCE**

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

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

Tel No. ....

Tel No. ....

Email ID. ....

Email ID. ....

ii) .....

ii) .....

.....  
.....

.....  
.....

Tel No. ....

Tel No. ....

Email ID. ....

Email ID. ....

11.b) I, ..... Father / Mother of .....  
certify that the above information are correct.

11.c) Foreign students are required TC submit approved local Guardians address from Director, International Affairs of  
GGs Indraprastha University.

12. Contact Address in case of Emergency:

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

Tel No.....

Mobile No. ....

13. Mobile No. of the Student .....

14. Email ID of the Student .....

15. Medical Certificate: Attached/ Not Attached (As given in Appendix II A & B)

16. Extra Curricular Activities .....

(Signature of Student)  
Date:

(Signature of Parents)



**HOSTEL IDENTITY CARD FORM**  
**(to be filled by the student) 2024-2025)**

**The Photo  
Should  
be Attested by  
the warden /  
Chief Warden**

1. Name ..... Class..... Subject.....
2. Father's Name .....
1. Mother's Name .....
2. Date of Birth (Day, Month, Year).....
3. Permanent Address  
.....  
.....
4. Address of Parents for Correspondence (if different from above) (Phone / Fax / E-mail) / Mobile.....  
.....
5. Name and Address of Local Guardian .....  
(Phone / Fax / E-mail) / Mobile .....
- .....
6. Room No.....Name of the Hostel.....
7. Hostel/Admission fee Receipt No ..... Date..... Signature of Clerk

Signature of Hostel Warden

Signature of Chief Warden



### MEDICAL FITNESS FORM

(to be submitted at the time of Interview/Admission)

(2024-2025 Session)

Name of Student Ms./Mrs.....

s/o .....

Age.....Sex:..... Marital Status.....

Name, Address and Phone No. of Family Doctor .....

Have you ever been diagnosed with Diabetes/Hypertension/Sleeping disorder/Anorexia/Tuberculosis/  
Asthma/Epilepsy or any Psychiatric illness? Yes / No

If yes, provide details of treatment taken and Name and Address of the Doctor.....

Are you HIV positive? Yes / No

Are you Hepatitis B Positive? Yes / No

Are you suffering from any category of Skin Disease?

If yes, please specify.....

Are you suffering from any heart disease? Yes / No

Are you suffering from any disease which may require sudden emergency treatment? Yes / No

If yes, please mention the line of treatment it may require.....

Are you suffering from any fear / Phobia. If yes, please specify .....

Other than above any other medical information you want to give. (Attach a separate sheet)

All the mentioned details have to be duly certified by a qualified medical practitioner (Alopathy)

registered by DMC/State Medical council

\* Strikewhichever is not applicable.

Use in original



**MEDICAL CERTIFICATE**  
**(to be submitted at the time of Interview/Admission)**  
**(2024-2025 Session)**

I certify that I have carefully examined Ms./Mrs:" .....  
Son/Wife of Mr./Ms./Mrs\*. .....

whose signature is given below. Based on the examination, I certify that he/she is in good mental and physical health and is free from any physical defects, which may interfere with his/ her studies including the active outdoor duties required of a professional and his/her residence in the hostel.

Visible Mark of Identification .....

Blood Group : .....

Signature of the Candidate : .....

Place :

Date :

Name and Signature of the Medical Officer with Seal and Registration Number #

Strike whichever is not applicable.

#To be signed by a registered Medical Practitioner holding a degree not below that of MBBS.

**Use in Original**



## CERTIFICATE FOR AVAILING ADMISSION AGAINST PHYSICALLY HANDICAPPED QUOTA

(To be submitted at the time of Interview/Admission)  
(2024-2025 Session)

Certified that Mr/Ms./Mrs .....

Son/Daughter/Wife of ..... is

Physically handicapped due to ..... and he/she is fit

for undergoing the course(s) .....

.....

at Guru Gobind Singh Indraprastha University, Delhi and can be a hostel resident.

(Office Seal)

Name & Signature  
The Officer-in-charge  
Vocational Rehabilitation  
Centre for Physically Handicapped

Date: