## UNIVERSITY COLLEGE OF ENGINEERING (AUTONOMOUS) OSMANIA UNIVERSITY, HYDERABAD - 500 007.

## Form of Application for Admission to the Engineering College Hostels

	Present Join of Course	Qua	alifying Exams	Year of Passing	Category	
					-	
Adn	nitted / Rejected					
Prin			ATIONS WITH FA			
	Affix Photograph Attested by the Head  3.	Application  Before fill  printed at  BE REJE  No studen  Highest p	on must be filled wing in the Form read the end of the For CTED.  Int will be admitted to granted Admission riority will be given	ith candidate's of carefully the Instrum. INCOMPLET to a University Head to those students	were of the second	
4.			/M.Tech./MCA for the			
5.						
	When admitted to the Hostel the resident will be provided with an Identity Card which shall be produced whenever demanded by any Officer of the Hostel Administration or any person authorised by the Principal / Addl. Chief Warde for the purpose.					
. !	PRINCIPAL/ADDL. CHIEF WARDEN RESERVE	STHERIC	HT TO CANCEL TH	IE HOSTEL ADM	SSION OF A RESIDENT:	
a)	If at any stage, it is detected that the information	on furnish	ed in this Applicati	on is false;		
	When a Hostel Resident violates the hostel ru			ılges in unlawful	activities;	
•	When UNAUTHORISED persons are permitte	d in his ro	oom.	ø		
d)	In case of involvement in any Ragging Activity.		· Mariana di Mariana d			
1301134	Full Name (IN BLOCK LETTERS)	1.		· · · · · · · · · · · · · · · · · · ·		
1.	The state of the s		•			
	a) Father's Name	2.	(a)			
2. :		2.	(a) (b)			
2. i	a) Father's Name b) Guardian's Name (Only when both					
2. ;	<ul> <li>a) Father's Name</li> <li>b) Guardian's Name (Only when both the parents are not alive)</li> <li>c) Profession of Father / Guardian as the</li> </ul>					
2. ;	<ul> <li>a) Father's Name</li> <li>b) Guardian's Name (Only when both the parents are not alive)</li> <li>c) Profession of Father / Guardian as the case may be (If in Service, Designation and</li> </ul>	Office)	(b)		The Control of the Control	

:: 2 :: 4. (a) Local Address if any 4. Permanent (Home) Address House No. House No. Village Village Mandal Mandal District & State District & State 5. Places where you were educated: Year Course Place of Study a) School Education b) Intermediate c) B.E. d) M.E./M.Tech./MCA N.B.: Enclose the copies of study certificates in support of the above. 6. a) Nationality (b) b) State whether you belong to i) Scheduled Časte ii) Scheduled Tribe iii) Sub-Caste iii) Listed Backward Classes or iv) Others c) Vegetarian / Non-Vegetarian (c) 7. Date of Birth as given in H.S.C./S.S.C. 7. Date Records or Matriculation Certificate Months (Enter the date according to the Christian Era) Years 8. a) Can you pay the Hostel charges every month 8. a) regularly as paying boarder, in time. b) If you have applied for any other scholarship, b) SC/ST/LBC/EBC mention the category 9. Are you doing any course simultaneously, if so furnish details: \*10. Whether resident of any University Hostel Hostel in any previous year. If so, which Hostel Hostel Admn. No. Harris Per Pearte Date (1) and in which year: 11. Indicate the previous ailments if any along with the blood group (Emergencies) Optional: If you suppress the facts, your admission in the college and hostel will be cancelled forthwith. (To be signed by Father / Guardian) 12. I agree that the applicant, who is my son / daughter / ward may be admitted to the University Hostel. I shall be responsible for the payment of all fees and other charges. I shall be responsible for his/her conduct and good behaviour while he/she is a resident of the University Hostel and that he/she will not involve in any ragging I Certify that the parents of the ward are not alive (for guardians only)

Date:\_\_\_\_\_\_ Signature of Father/Guardian

13. I Promise to abide by the Rules and Regulations in force of the University Hostels.

I further promise to vacate the Hostel during the Terminal Holidays and at any time if ordered to do so by the Principal / Addl. Chief Warden.

I also declare that the statements, I have made in this application are correct.

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Joto:		20

14.

## **Placement of Merit**

S/o. D/o		has obtained admis	ssion to class		
	on the basis of his qualifying marks at				
	examination with Hall Ticket No.				
the category SC/ST/LBC/E					
15. Callago admission has	a ha an annut a l				
15. College admission has	s been granted	•	Class		
		Subject			
		Roll No:			
Head of the Department	(AIGRADO VIVIS)		Principal		
	1 Section 1				
	#Page				
Programme Service Commence		The second secon			
16. · ** · · · · · · · · · · · · · · · · ·	Certificate fro	m the Chief Medical C	Officer,		
A Î	Osma				
			•		
	t Mr/Mrs/.				
S/o. D/o	Arterior and participation	_is medically fit / unfit.			
Dated :			Chiefffe die LOSS		
			Chief Medical Officer Osmania University		
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## **UNDERTAKING FORM**

I have read all the rules attached to this undertaking and have understood them. I solemnly declare that I will abide by these rules and wellknown that any contravention of these rules will subject me to disciplinary action being taken as mentioned therein and I will abide by all orders made on this behalf by the concerned authority. I will not involve myself in any ragging activity.

I solemnly declare that I have not forged the signature of my parent / guardian.

	•	
Date:	Sig	nature of the Candidate
Full Name:	ensan .	
	College:	
Isquinia. GUARAI	NTEE BY THE PARENT / GUARDIAN	면의 기 때 (H. ) - <b>연락 () - 전략급</b> 인 ()
I	S/o D/o	
resident of	Village	
Mandal	District, T.S./	do hereby
solemnly undertake that on		My son/daughter or of
whom I am the guardian being admi	itted to the Hostel of the Osmania University I will o	guarantee his/her good
	versity during the period he/she is a student and / or	- <del>-</del>
The second of th	ide by all the rules of the hostels which I have read ar	
	l University authority to make good any amount due	
	perty of whatever kind as a result of any action, wilful	
and the second s	my ward does not involve in any ragging activity.	en ge
I abide by the decision of the	e hostel or University authorities as the case may be	and will reimburse the
	. I also understand clearly that the admissions of m	
	g. * I also declare that the parents of my ward are r	
STATE OF STATE	, , , , , , , , , , , , , , , , , , , ,	
Postal Address:	Signatui	re of Parent / Guardian.
	<del></del>	

<sup>\*</sup> Strike if not applicable.