



**BODOLAND UNIVERSITY: KOKRAJHAR**  
**Application Form for Hostel Admission (2021-22)**

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SUBJECT:	SESSION:
ROLL NO.:	SEMESTER:
% OF THE SUBJECT IN TDC:	
DHE Unique ID(mandatory)	
Distance (in km) from home	

Affix your  
recent passport  
size photograph  
here with  
signature across

1. Name of Applicant : .....
  2. Father's name : .....
  3. Mother's name : .....
  4. Date of Birth : ..... Nationality: .....
  5. Sex: Male/Female : ..... Marital Status: Married/Unmarried
  6. Mobile /Telephone No. : .....
  7. E-mail : .....
  8. Permanent Address of Father/Guardian  
Name : .....
  - Vill./Town : ..... P.O.: .....
  - P.S. : ..... District: .....
  - State : ..... Pin Code: .....
  - Contact No. : ..... E-mail: .....
  9. Present Address of Father/Guardian  
Name : .....
  - Vill./Town : ..... P.O.: .....
  - P.S. : ..... District: .....
  - State : ..... Pin Code: .....
  - Contact No. : ..... E-mail: .....
  10. Address of Local Guardian (Appointed by Natural Guardian)  
Name : .....
  - Address : .....
  - Phone No. : .....
  11. Category/Reservation seat applied for, mark tick (√). Please enclosed certificate.  
General  SC  ST (Plains)  ST (Hills)  OBC/MOBC   
Physical Handicapped  E.C.Quota  EWS
  12. Are you employed: Yes  No
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## **DECLARATION BY THE CANDIDATE**

I hereby submit myself to the disciplinary jurisdiction of the authorities of Bodoland University. I declare that the information given above is correct and complete to the best of my knowledge. If any of the above information is found to be incorrect, my admission will be liable to be cancelled and I shall be liable to disciplinary action as may be decided upon by the University.

Further I undertake to pay my Hostel Admission fees and other duties in time, failing which my examination results may be withheld.

Countersigned by Parent/Guardian  
Date:

Signature of Applicant  
Date:

### **Guardian's financial guarantee to be filled by the Parent/ Guardian**

I hereby declare that I take full responsibility for the payment of University dues as laid down under University rules of my son/daughter/ward, Sri/Srimati/Kumari.....  
.....during the course of his/her studies at Bodoland University.

Date:

Signature of Parent/ Guardian

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### **For Office Use Only**

#### **Provisionally Selected under**

Roll.No.	Course	Category	Subject	Hostel No.	Hostel Seat No.

### **Admitted**

Warden  
Boys/ Girls Hostel

Director of Students Welfare  
Bodoland University

### **NOTE FOR INFORMATION**

1. 1<sup>st</sup> & 2<sup>nd</sup> semesters mean 1<sup>st</sup> year, 3<sup>rd</sup> & 4<sup>th</sup> semesters mean 2<sup>nd</sup> year and 5<sup>th</sup> & 6<sup>th</sup> Semesters mean 3<sup>rd</sup> year.
2. Students are allowed to occupy hostel seats for their current 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> year for regular courses only, irregular students shall not be allowed to occupy hostel seats for any reason.
3. Admission must be taken yearly as per notification.
4. Any damage of hostel property must be replaced / compensated by the concerned student.
5. Any problem/dispute of hostel inmates shall be dealt by the hostel incharge.
6. Before vacating the hostel seat, students must clear all their dues/debts and produce the clearance certificate to the hostel in charge.

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## UNDERTAKING BY HOSTEL RESIDENTS

I ..... a student of ..... department hereby signing this form declare the following voluntarily that-

1. I have already completed my full dose of COVID vaccination.
2. I have not come in contact with a confirmed COVID-19 patient in the last 14 days.
3. I will report any illness or fever immediately to the Medical unit of University.
4. I agree to pay for all medical expenses incurred in case of my hospitalization and give permission for my health care.
5. I will maintain social distancing in the hostel campus and will strictly follow the safety measures.
6. I will not invite any friend/outsider to the hostel premises.
7. I have joined in Hostel with proper permission from my parents/guardian and the University authority is not responsible.
8. I will be solely responsible for my health safety and my stay in the hostel will completely depend on university authority.
9. The University authority has the right to deny any boarder to join/rejoin the Hostel or may ask to vacate the Hostel immediately if my health condition poses an undue health risk to other boarders.
10. For any situation, I assure that my Local Guardian will be available at any urgency.

Name of Local Guardian:

Address of the Local Guardian:

Contact Number of Local Guardian:

I.....declare that the information provided is complete and true and I also understand that if I fail to comply with above terms and conditions, I shall be liable for the action as per the decision of University authority.

Signature of Parents

Contact Number:

Date:

Signature of Boarder

Name of Boarder:

Name of Hostel:

Room No.:

Contact Number of Boarder: