

ANNEXURE - IV

NATIONAL LAW UNIVERSITY AND JUDICIAL ACADEMY, ASSAM

HOSTEL ACCOMODATION APPLICATION FORM

NAME OF APPLICANT:

\_\_\_\_\_

COURSE : \_\_\_\_\_ YEAR OF STUDY: \_\_\_\_\_

DATE OF ADMISSION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MALE/ FEMALE : \_\_\_\_\_

BLOOD GROUP: \_\_\_\_\_

CONTACT NO.: \_\_\_\_\_ E-MAIL \_\_\_\_\_

NAME OF FATHER: \_\_\_\_\_

CONTACT NO.: (RES.) \_\_\_\_\_ (OFF.) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

NAME OF MOTHER: \_\_\_\_\_

CONTACT NO.: (RES.) \_\_\_\_\_ (OFF.) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME OF LOCAL GUARDIAN : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CONTACT NO.: (RES.) \_\_\_\_\_ (OFF.) \_\_\_\_\_

MEDICAL HISTORY OF AILMENTS, IF ANY (Please attach Doctor's certificates): \_\_\_\_\_  
\_\_\_\_\_

**DECLARATION BY STUDENT**

I, \_\_\_\_\_, have read the rules and regulations for my admission into the accommodation facilities of the National Law University, Assam.

I declare that I am physically and medically fit to live in the hostel. I also declare that every information about my being medically / psychologically unfit in any degree or manner has been brought to the information of the college authorities at the time of applying for hostel accommodation. I will not hold the management, college authorities, or the hostel authorities responsible for any consequence which will be a result of my non-disclosure.

I accept to stay within the hostel premises by the stipulated time and will not stay out without proper prior permission from concerned authorities.

I undertake to abide by all the rules that govern my stay in the hostel and also all the changes to the rules that may be made from time to time.

Finally, I agree to abide by all the rules and regulations of the institution with regard to hostel stay, which may be framed from time to time and accept the decision of the management in all respects as final and binding on me for compliance.

PLACE: \_\_\_\_\_

DATE: \_\_\_\_\_

Signature of Student

**DECLARATION BY PARENT/GUARDIAN**

I assure that my ward will abide by the Rules and Regulations of the Hostel. I have no objection to any disciplinary action against my ward for violating the Rules.

PLACE : \_\_\_\_\_

DATE: \_\_\_\_\_

Signature of Parent

**FOR OFFICE USE ONLY**

UID No.: \_\_\_\_\_

Room no. allotted: \_\_\_\_\_

Admitted to Hostel on : \_\_\_\_\_

Fee Receipt No. : \_\_\_\_\_

Signature of Warden