

AMBEDKAR GANGULY STUDENTS' HOUSE FOR WOMEN
UNIVERSITY OF DELHI
Information Form for Admission: Resident/Guest
2026-27

Form No.
Subject
Semester/Yr.
Faculty/Deptt.

Please paste recent
passport size photograph
attested by the Head of the
Department/ Principal of
College.

PARTICULARS OF THE APPLICANT

1. Information for: Resident/Guest (Put a tick mark on the applicable option)

2. Name: _____
(in block letters)

3. Subject: _____ Course: _____

4. Semester/Year: _____

5. CUET Score _____

6. Category: UR/ SC/ ST/ PwBD/ EWS _____

7. Date of Birth: _____ 8. Blood Group: _____

8. A. Institutional email ID. _____

Note: The institutional email ID shall be preferred as the primary mode of official communication with the student. The personal email ID is being collected as a backup mechanism only.

B. Alternative personal email ID _____

9. Phone/Mobile No. _____

10. Delhi University Enrolment no: _____

11. Duration of Stay in any hostel of the University: _____

a. Name of Hostel: _____ Course: _____

b. Duration of stay: from: _____ to _____

12. Correspondence address of the Applicant: _____

City/Town/Village _____ State _____ Pin code _____

13. Permanent address of the Applicant: _____

City/Town/Village _____ State _____ Pin code _____

CERTIFICATE FROM THE HEAD OF THE DEPARTMENT/PRINCIPAL OF COLLEGE

This is to certify that Ms. _____ is a bonafide, full time student of _____ class of the College/Department/Faculty of _____ she is neither employed nor an ex-student.

Her (CUET score is) _____ and she has deposited the College/ University fee for the Academic Year 2026-2027 vide Receipt No _____

Date: _____

Signature
Seal of the Department/College Faculty

FOR PH.D. STUDENTS ONLY

(a) Course _____ (b) Department _____ (c) Faculty _____
(d) Year _____ (e) Name of Supervisor _____ (f) Date of registration _____

To be filled by the Supervisor and to be signed by HOD.

- (i) This is to certify that Ms. _____ is enrolled for Ph. D. in the Department/Faculty of _____ and she is a full time bonafide student of the Department.
- (ii) This is to verify that progress of research work of Ms. _____, Ph.D. student, working under my supervision, is (satisfactory/not satisfactory). She may/not be given admission/extension in the Ambedkar Ganguly Students’ House for Women.

Date: _____ (Signature & Name of the Supervisor)

(Name & Signature of HOD with Official Seal)

MEDICAL FITNESS DECLARATION

- 1. I declare that I am not suffering from any infectious, chronic or any other disease which makes me unfit for stay in the House.
- 2. In case I have any medical problem requiring any specific facility in the hostel, the same is indicated along with supporting document.

Signature of the Applicant

DECLARATION BY THE CANDIDATE

- 1. This information is being made in full knowledge of my parent/guardian and local guardian.
- 2. I declare that my parents / husband do/does not reside In National Capital Territory of Delhi/Faridabad/Gurugram/Noida/ Ghaziabad within 70 k.m.
- 3. I hereby declare that in case I absent myself from the hostel for more than one month without intimation to the Hostel Authorities, the room allotted to me is liable to be vacated by the Hostel Authorities.
- 4. I hereby declare that I am not employed any full time or part time job.
- 5. I am not an ex-student of the University of Delhi.
- 6. I have read the rules and regulations of the Hostel contained in the Handbook of Information & Rules and undertake to abide by them. I shall not plead ignorance of regulations that may be notified from time to time.
- 7. I vouch for the correctness of the particulars given by me in the /information form. I understand that in case particulars given by me are found to be inauthentic my admission will be cancelled.
- 8. I declare that I do not possess a Ration card/or my name has not been included in any Ration card in the National Capital Territory.
- 9. I am fully aware that the hostel reserves the right to revise, amend or delete any part of the rules as per provision stipulated under the regulation of the Hostel Rules of University of Delhi.
- 10. I am fully aware that the hostel reserves the right to deduct any outstanding amount with regard to the hostel fee, mess fee, fine etc. from my caution money/mess security deposit without any prior notice to me whenever necessary.
- 11. I also undertake that as I am well aware of the above facts, I have no objection to any changes or any action to be taken by the Hostel.
- 12. I hereby declare that I shall be responsible for any kind of theft/fire in my room.
- 13. I undertake to inform the authorities in writing any change in any of the particulars given above as and when they occur.
- 14. I also undertake to submit myself to the disciplinary jurisdiction of the Vice-Chancellor, the Provost and any other authority of the University, who may be vested with the authority to exercise discipline under the Act, the Statutes and the Ordinances, including XV (B), (C) & (D) and the rules that have been framed there under by the University and the Hostel.
- 15. I also undertake that the provost is the final authority in all matters.

Date_____

Signature of the Applicant

Place _____

Countersigned by parents/husband/Guardian_____

PARENTS/GUARDIAN’S INFORMATION

1. Father/Guardian’s name

Occupation:

Email:contact number:

Correspondence address

City/Town/VillageStatePin code

2. Mother’s name

Occupation

Email:contact number:

Correspondence address

City/Town/VillageStatePin code

ANNEXURE-A
(In Case of Employed Parents/Husband)
Certificate from Employer of Father/Mother/Guardian of the Applicant

This is to certify that Mr./Mrs. Father/ Mother/ Husband/Guardian of Ms. an applicant for admission to Ambedkar- Ganguly Students’ House for Women, University of Delhi, is working in this office as (designation) and at present is posted at and his/her office address is

Also certified that Mr./Mrs. is presently residing at

Date

Signature
Name & address of office with seal

Note: In case both the parents are employed, two separate certificates from their respective offices are to be submitted.

ANNEXURE-B
(In Case of Self Employed/Retired Parents/Husband)
Certificate from First Class Gazetted Officer currently posted at the Place of Residence of the Applicant

This is to certify that Mr./Mrs. Father/ Mother/ Husband/Guardian of Ms. an applicant for admission to Ambedkar- Ganguly Students’ House for Women, University of Delhi is a person retired from service running business namely at

Also certified that Mr./Mrs. is presently residing at

Date

Signature
Name & address of office with seal

DECLARATION BY THE PARNENTS/LEGAL GUARDIAN

I, _____, parent/legal guardian of Ms. _____, hereby declare and undertake the following:

1. I certify that my ward is seeking admission to Ambedkar Ganguly Students' House for Women with my full knowledge and, consent.
2. I undertake to be responsible for all financial liabilities, dues, charges, penalties, or any other payments payable by my ward to the hostel during the period of her residence.
3. I have read and understood the Hostel Rules and Regulations and undertake to ensure that my ward complies with all rules, instructions, and directions issued by the Hostel Authorities from time to time.
4. I permit my ward to avail herself of the night-out facility in accordance with the Hostel Rules and Regulations. I understand that she shall leave the hostel only after obtaining the necessary permission and furnishing the address of her stay at the Hostel Office.
5. I understand and acknowledge that my ward shall remain responsible for her safety, conduct, and well-being during the period of the approved night-out.
6. I request the Hostel Authorities to inform me officially if my ward exceeds the prescribed monthly limit of permissible night-outs. I further acknowledge that repeated violation of the prescribed night-out limit or any other hostel regulations may render my ward liable to disciplinary action, including termination of her hostel residency, as decided by the Competent Authority.
7. I understand and agree that any late entry into the hostel without prior permission shall be treated as a violation of the hostel rules. In such cases, the Hostel Authorities may inform me and/or the Local Guardian regarding the incident. I also understand that repeated instances of late entry or any act compromising the safety and security of my ward may invite disciplinary action against my ward, as deemed appropriate by the Hostel Authorities.
8. I understand and undertake that the nominated Local Guardians shall remain available and accessible throughout my ward's stay in the hostel. They shall personally appear before the Hostel Authorities whenever required in connection with any official, disciplinary, medical, or emergency matter concerning my ward. They shall promptly respond to all communications from the Hostel Authorities and extend full cooperation whenever called upon.
9. I understand that failure of the Local Guardians to remain available, respond to communications, or cooperate with the Hostel Authorities may be treated as non-compliance with the Hostel Rules and may invite appropriate action by the Hostel Authorities.

Name of Parents/Legal Guardian: _____

Signature of Parents/Legal Guardian _____

Date: _____

Note: For more details regarding the hostel, parents may visit our website. www.agshw.du.ac.in where all the relevant information has been provided.

Appointment of Local Guardians

I, _____, parent/legal guardian of Ms. _____, hereby nominate the following two persons as the Local Guardians of my ward and confirm that they have consented to discharge their responsibilities under the Hostel Rules.

Local Guardian I

Name of Local Guardian_____

Relationship to Candidate_____

Residential Address_____

Official Address_____

Office tel. No._____Mobile No. _____

Signature of Local Guardian_____

Local Guardian II

Name of Local Guardian_____

Relationship to Candidate_____

Residential Address_____

Official Address_____

Office tel. no._____Mobile No. _____

Signature of Local Guardian_____

Signature of Mother	Signature of Father/Guardian
Name:	Name:
Date:	Date:

- 1. Please note that the local guardians may be contacted for any official purpose or emergency that may arise during the resident’s stay in the hostel.
- 2. Both Local Guardians should not have same residential address and phone numbers.
- 3. The Local Guardians may be required to appear in person, as and when required by the Hostel office.

(MESS DUTIES (FOR READMISSION ONLY))

No. of performed Mess duties: _____

Dates of performed Mess duties _____ & _____

Signature of the applicant _____

Verified by the Housekeeper with seal _____

BANK ACCOUNT’S DETAIL OF THE APPLICANT

All financial transactions in the House shall be done electronically. Applicant shall indicate the details of the bank account from which financial transactions shall be done with the House.

- 1. Name of the account holder _____
- 2. Bank account no. _____
- 3. Name of the bank & branch _____
- 4. IFSC code _____
- 5. MICR code _____

For Office use only:

Re admission:

1st yr.

2nd yr.

3rd yr.

Fresh Admission:

1st yr.

2nd yr.

3rd yr.

DSE Quota :

Eco./Geo./Socio.

Reserved Quota:

SC/ST/PwD

Guest Resident: Admitted from _____ to _____

Extension from _____ to _____

Undertaking signed on _____
(copy attached)

Application verified by _____

Admitted Pending Not admitted Cancelled

List of enclosures (self-attested photocopies) to be attached with the admission form:

1. Fee Receipt of admission in university to the course.
2. Mark-sheet of the last Examination.
3. Certificate of the last examination. (copy of degree/provisional certificate)
4. Copy of CUET score.
5. Documents supporting Reserved category status (If applicable).
6. Certificate from employer of father/mother/husband/guardian in service (Annexure A). In case of self - employed parents/husband/guardian, a certificate from First Class Gazetted Office currently posted at the place of residence of the applicant (Annexure B).
7. Undertaking against Ragging by the applicant as well as by her parent/guardian to be submitted. These undertakings can be filled-in from any of the below mentioned two websites:
<http://www.antiragging.in>
<http://www.amanmovement.org>
8. Residential and official address proof of local guardians, belong to Delhi/NCR (with their signature) should be the same as mentioned in the Application form.
9. A letter from HOD/Supervisor is to be issued for the applicant (Ph.D.) to certify that she is not working anywhere. And copies of memorandum and joining of Ph.D.
10. Residence-cum-Character Certificate from the Warden of the previous Hostel, if any.

Other information:

1. Incomplete form will not be considered.
2. Furnishing incorrect information will lead to cancellation of admission to the hostel.
3. The admission will be valid for the current academic session.
4. The applicants are advised to check on the hostel notice board regarding interview dates, admission lists etc.
5. No individual communication shall be sent.
6. In case of any query, please contact: residentsagshw21@gmail.com/Ph. No. 8368373007

AMBEDKAR GANGULY STUDENTS' HOUSE FOR WOMEN
ACKNOWLEDGEMENT SLIP FOR ADMISSION 2026-27

Form No. _____

Date: _____

Name of the applicant _____

Subject & Course _____ College/Department _____

Registration Fee _____

Signature of the Dealing Assistant

ANNEXURE

ANTI-DRUG DECLARATION FORM TO BE SIGNED BY THE STUDENT

I (name) son/ daughter/ ward of
Mr./Mrs./Ms.(name) admitted to (course and
year)..... in (institution) during the year, hereby agree
to the following terms:

1. I am aware that the possession, use, sale and distribution of alcohol/tobacco/any psychoactive substances are wrong and harmful.
2. I shall refrain from using, being under the influence of, possessing, furnishing, distributing, selling or conspiring to sell or possess, or being in the chain of sale or distribution of alcohol/ tobacco/any psychoactive substances within the premises of the institute/university or during any sponsored activities by the institute/university.
3. I shall report to the authorities of the institution any irregular behaviour that I observe in relation to the possession, use, sale and distribution of alcohol/tobacco/any psychoactive substances which may have occurred at the institution or during any activities Conducted by any students or institution.
4. I shall support and actively participate in any substance use prevention education programmes which may be organized by the institution/government which would enable me to be a better student and citizen of India.
5. I shall co-operate with the authorities of the institution and other relevant authorities in their investigation of any substance-related incident of which I may have information, and to prevent the possession, use, sale and distribution of any psychoactive substances in or around my Institution.

Signature:

Name of the student: