
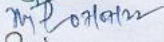



CENTRAL SANSKRIT UNIVERSITY, SHRI RAGHUNATH KIRTI CAMPUS, DEVPRAYAG, UTTARAKHAND  
LIST OF CANDIDATES PROVISINALLY SELECTED FOR ADMISSION IN PRAK-SHASTRI 1ST YEAR (SESSION 2022-23)  
DATED 07.07.2022

S.N.	Form No.	Registration No.	Full Name of Candidate	Marks obtained	Result
1	20222328	CSUD28112906	Sudhanshu Gaur	56 / 60	Qualified
2	20222329	CSUD29092606	Tushar Pant	47 / 60	Qualified

Committee Members

- 1 
- 2 
- 3 

  
Director

**ख भाग:- B Part**

इदं विद्यालय/महाविद्यालयकार्यालयद्वारा पूरितं स्यात्/This must be filled in by the office of the concerned institute.

1. प्रमाणीक्रियते यद् छात्रेण प्रदत्तविवरणम् अभिलेखानुसारं सत्यम् अस्ति। प्रदत्तविवरणं मया अवलोकितम्। अयं छात्रः नियमानुसारेण विश्वविद्यालये प्रवेशं प्राप्तुं योग्यः।  
Certified that the above entries are correct as per our record. The admission has been given as per rules of Sansthan. All documents have been checked and found correct.  
He/She is eligible for admission in the University.

2. अयं संस्थानस्य छात्रः/छात्रा अस्ति ☐ नास्ति ☐  
Is He/She enrolled in Sansthan Yes No

3. निष्क्रमणप्रमाणपत्रं संलग्नम् अस्ति ☐ नास्ति ☐  
Migration certificate is attached Not attached

यदि नास्ति तर्हि संस्थाप्रमुखस्य दायित्वं भविष्यति यत् 30 अक्टूबरपर्यन्तम् ते प्रेषयिष्यन्ति।

If not then it will be the responsibility of the Head of the institution to submit the same before 30th October.

4. शुल्कविवरणम्/Details of Fee

- (क) आवेदनपत्रशुल्कम्/Form fee रु. / Rs. @ .....  
(ख) विलम्बशुल्कम्/Late fee रु. / Rs. @ .....  
(ग) योगः/Total रु. / Rs. @ .....

शुल्कसम्बन्धितधनं ड्राफ्टद्वारा अथवा साक्षाद्दानेन प्रेष्यते। .....  
Collected form fee being sent by draft No./or by Cash

सम्बन्धितकर्मचारिणः हस्ताक्षरम्  
Signature of dealing head  
दिनाङ्कः/Date

कार्यालयसहायकस्य/कार्यालयाध्यक्षस्य वा हस्ताक्षरम्  
Signature of the Asst./Section officer  
नाम/Name

**प्रवेशसमित्याः अनुशंसनम्/Recommendations of the Admission Committee**

हस्ताक्षरम्/Signature

**प्राचार्यद्वारा सत्यापितं प्रमाणपत्रम्/Certificate to be given by the Head of the Institution**

उपर्युक्तविवरणं सत्यम्। उपलब्धप्रमाणानुसारेण उपरि लिखिता जन्मतिथिः, एवञ्च प्रमाणपत्रस्य छायाप्रति प्रमाणीक्रियते।  
..... कक्षायाम् प्रवेशाय संस्तौमि।

The above facts are true. His/her above-mentioned date of birth, relevant qualifying admission certificate (Photo copy) is certified. Recommended for admission in the ..... Class.

दिनाङ्कः/Date

प्राचार्यस्य हस्ताक्षरम्/Signature of the Principal

दूरभाषः/Telephone

पूर्णनाम/Full Name.....

मुद्रासहितम्/with stamp



**Central Sanskrit University**  
**Established by an Act of Parliament**  
**(Under Ministry of Education)**  
**Shri Raghunath Kirti Campus, Devprayag, Uttarakhand**

Affix your latest  
passport size  
photograph  
here

# HOSTEL APPLICATION FORM

**Session 2020-2021**

**(ALL ENTRIES MUST BE MADE IN CAPITAL LETTERS)**

1. Full Name of Student .....
2. Nationality .....
3. Date of Birth .....
4. Enrolment No. ....
5. Course Name .....
6. (a) Date of Admission in Campus .....
- (b) Date of Admission in Hostel .....
7. Category (Gen/SC/OBC/ST/PH) .....
8. Name of Parents: Father .....
- Mother .....
- E-mail ID .....
9. Present Address of the Parents :
- | OFFICE       | RESIDENCE    |
|--------------|--------------|
| .....        | .....        |
| .....        | .....        |
| .....        | .....        |
| Tel No. .... | Tel No. .... |
| Mobile ..... | Mobile ..... |
10. To be filled by the Office : Allotted Room No. ....

- ♦ In case of Change in Residential Address of Parents during the session:

**(Signature of Director)**



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 of the Hostel, disciplinary action may be taken against him/her in accordance  
with the disciplinary rules of the University.

Name & address of Local Guardians (Mandatory)

**OFFICE**

**RESIDENCE**

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

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

Tel No. ....

Tel No. ....

Mobile .....

Mobile .....

12. Contact Address in case of Emergency:

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

Mobile .....

Tel No. ....

13. Mobile No. of the Student ..... Email ID. ....

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

15. Extra Curricular Activities .....

I \_\_\_\_\_ have read the hostel rules & agree to follow the hostel rules.

(Signature of Student)

I undertake that the information give by my ward is true & he/she will abide by the hostel rules.

Date:

(Signature of Parents)

## **HOSTEL IDENTITY CARD FROM**

The Photo  
Should be  
attested by  
campus

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

**Signature of Care Taker**

**Signature of Director**

**ANNEXURE ii (b)**  
**AFFIDAVIT BY PARENT/GUARDIAN**

I, Mr./Mrs./Ms. \_\_\_\_\_ (full name of parent/guardian) father/mother/guardian of \_\_\_\_\_, (full name of student with admission/registration/enrolment number), having been admitted to \_\_\_\_\_ (name of the institution), have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations"), carefully read and fully understood the provisions contained in the said Regulations. 2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging. 3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging. 4) I hereby solemnly aver and undertake that

- a) My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
- b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force. 6) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared this \_\_\_\_\_ day of \_\_\_\_\_ month of \_\_\_\_\_ year.

\_\_\_\_\_  
Signature of deponent

Name:

Address:

Telephone/ Mobile No.:

**VERIFICATION**

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein. Verified at (place) on this the (day) of (month), (year).

\_\_\_\_\_  
Signature of deponent

Solemnly affirmed and signed in my presence on this the (day) of (month), (year) after reading the contents of this affidavit.

OATH COMMISSIONER



**ANNEXURE ii (a)**  
**AFFIDAVIT BY THE STUDENT**

I, (full name of student with admission/registration/enrolment number) S/o D/o Mr. / Mrs. /Ms. \_\_\_\_\_, having been admitted to (name of the institution) , have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations. 2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging. 3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging. 4) I hereby solemnly aver and undertake that

- a) I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
- b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force. 6) I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this \_\_\_\_\_ day of \_\_\_\_\_ month of \_\_\_\_\_ year.

\_\_\_\_\_  
Signature of deponent

Name:

VERIFICATION Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at (place) on this the (day) of (month) , (year) .

Signature of deponent

Solemnly affirmed and signed in my presence on this the (day) of (month) , (year ) after reading the contents of this affidavit.

OATH COMMISSIONER

**ANNEXURE (iii)**  
**CERTIFICATE OF MEDICAL FITNESS**  
**(TO BE DEPOSITED AT THE TIME OF JOINING)**

To be obtained only from Gazetted Government Medical officer/Medical Officer of a Government Undertaking. (Please note that in no other form this certificate will be accepted. Medical Certificates issued by private medical practitioners will not be accepted.)

Name: .....  
(in Block Letters)

Father's Name: .....

Blood group/Anemic (Blood Count): .....

Height: ..... Weight: .....

Chest: .....

Heart and Lungs : .....

Vision : L : ..... R : .....

Colour Vision : .....

Hearing : .....

Hernia/Hydrocele/Piles : .....

Any other disease diagnosed in past: .....

Allergies, if any .....

List of prescribed medication, If any .....

1. ....

2. ....

3. ....

Any other Remarks : .....

I certify that I have carefully examined Mr./Ms. .... son/daughter of  
Mr. .... who has signed in my presence. He/she has no mental  
and physical disease and is FIT.

**Signature of the candidate**

**Station :** .....

**Date :** .....

**Signature of the Medical Officer**  
**with legible seal**