



Central Sanskrit University

Established by an Act of Parliament

(Formerly Rashtriya Sanskrit Sansthan, Deemed to be University)

Under Ministry of Human Resource Development, Govt. of India

Shri Raghunath Kirti Campus, Devprayag, Uttarakhand

HOSTEL APPLICATION FORM

Session 2020-2021

(ALL ENTRIES MUST BE MADE IN CAPITAL LETTERS)

Affix you latest
passport size
photograph
here

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 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)

MEDICAL FITNESS FORM

(to be submitted at the time of Admission)

(Session 2020-2021)

Name of Student

D/O

Age Sex : Marital Status

R/O

Name, Address and Phone No. of Family Doctor

Have you ever been diagnosed with Diabetes/Hypertension/Sleeping disorder/Anorexia/
Tuberculosis/Asthma/Epilepsy or any Psychiatric illness: Yes/No

If yes, provide details of treatment taken and Name and Address of the Doctor

Are you HIV positive? Yes/No

Are you Hepatitis B positive? Yes/No

Are you suffering from any category of Skin Disease?

If yes, please specify

Are you suffering from any heart disease? Yes/No

Are you suffering from any disease which may require sudden emergency treatment? Yes/No

If yes, please mention the line of treatment it may require

Are you suffering from any fear/Phobia. If yes, please specify

Other than above any other medical information you want to give. (Attach a separate sheet)

All the mentioned details have to be duly certified by a qualified medical practitioner (Allopathy)

Registered by DMC/State Medical council

♦ Strike whichever is not applicable.

Use in original

MEDICAL FITNESS FORM

(to be submitted at the time of Admission)

(Session 2020-21)

I certify that I have carefully examined Ms./Miss

Daughter/Wife of Mr./Ms./Mrs.

Whose signature is given below. Based on the examination, I certify that he/she is in good mental and physical health and is free from any physical defects, which may interfere with his/her studies including the active outdoor duties required of a professional and his/her residence in the hostel.

Visible Mark of Identification:

Blood Group:

Signature of the Candidate:

Place :

Date :

Name and Signature of the Medical Officer with Seal and Registration Number #

Strike whichever is not applicable.

To be signed by a registered Medical Practitioner holding a degree not below that of MBBS.

Use in Original

CERTIFICATE FOR AVAILING ADMISSION AGAINST PHYSICALLY HANDICAPPED QUOTA

(To be submitted at the time of Admission)

(Session 2020-21)

Certify that Ms./Miss
Son/Daughter/Wife of Mr./Ms./Mrs. is
Physically handicapped due to and he/she is
Fit for undergoing the course (s)
.....
at Central Sanskrit University Shri Raghunath Kirti Campus, Devprayag, Uttarakhand can be a
hostel resident.

(Office Seal)

Signature
Director

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 Director

5. शुल्क विवरण

परिसर में प्रवेश स्वीकृत होने पर प्रत्येक छात्र को निम्नलिखित शुल्क एवं सुरक्षित धनराशि (रुपये में) पूरे सत्र के लिए आरम्भ में ही जमा करानी होगी।

परिचायिका शुल्क = रु. 150/-
(परिचायिका की मुद्रित प्रति यदि चाहते हैं तो)

शैक्षिक पाठ्यक्रमों का शुल्क

क्र. सं.	विवरण	प्राक्शास्त्री	शास्त्री/ प्रतिष्ठाशास्त्री	आचार्य	वि.वा. (शोध)
1.	प्रवेश आवेदन पत्र	-	-	-	100
2.	प्रवेश शुल्क	125	125	125	250
3.	सुरक्षित धन पुस्तकालय	150	150	150	500
4.	नामांकन शुल्क	30	30	30	200
5.	परिचय पत्र	50	50	50	50
6.	पत्रिका शुल्क	75	75	75	200
7.	क्रीड़ा शुल्क	100	100	100	150
8.	छात्रकोष शुल्क	400	400	400	500
9.	विविध प्रवृत्ति शुल्क	120	120	120	300
10.	कला/कृति शुल्क	50	50	50	100
11.	परीक्षा शुल्क	-	-	-	1650
	योग	रु. 1100	रु. 1100	रु. 1100	रु. 4000

छात्रावास शुल्क ✓

क्र.सं	विवरण	शुल्क
1.	प्रवेश शुल्क	300
2.	छात्रावास सुरक्षित राशि	2000
3.	विद्युत शुल्क	700
4.	रख-रखाव शुल्क अप्रत्याय	1000
	कुल	रु. <u>4000</u>

छात्र-कोष

छात्रकोष का प्रबन्ध एक समिति के अधीन है। परिसर के निदेशक समिति के अध्यक्ष होंगे तथा इसमें एक अध्यापक छात्र कल्याण अधिकारी के रूप में रहेंगे। कक्षाओं में प्रवेश के समय बनी योग्यता सूची में से सभी कक्षाओं से एक-एक सर्वप्रथम स्थान प्राप्त छात्र समिति के सदस्य होंगे। छात्र कोष के मद के साथ लिया गया धन किसी बैंक में रखा जायेगा। एकाउन्ट का संचालन निदेशक एवं अनुभाग अधिकारी संयुक्त रूप से करेंगे। परिसर के अन्य धन सम्बन्धी मदों के समान छात्रकोष का भी लेखा निरीक्षण करवाया जायेगा।