



(FOR USE BY THE CHAIRPERSON OF THE DEPARTMENT CONCERNED)

15. The applicant is a bonafide student of class..... in the Department and his/her name has been entered at Sr.No..... in the Hostel Register maintained by the Department. This is the only form certified by me for this student. In case the applicant ceases to be a student/research scholar of the present class/course for any reason whatsoever, I shall inform the Warden concerned immediately. I shall not issue him/her Roll No. Slip without a "No. Dues" slip from the Warden concerned.  
His/Her University Regd.No.is.....

Chairperson  
(Office Stamp)

---

(FOR USE BY THE WARDEN)

16. ADMITTED: Room No.....Block No.....

Warden

---

(FOR USE BY THE HOSTEL OFFICE)

17. Hostel Roll No.....Amount Received..... (Rupees..... )  
Receipt No.....Dated.....

Clerk

Assistant

---

**P.U.S.S.G.R.C, BAJWARA, HOSHIARPUR**  
**TO BE FILLED IN BY THE STUDENT IN HIS/HER OWN HANDWRITING**  
**2023-2024**

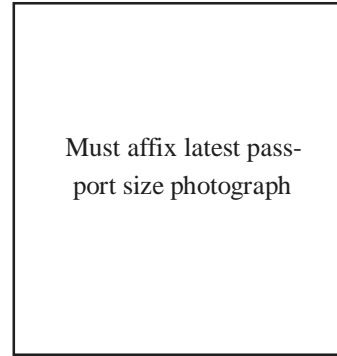
1. Name of the Applicant \_\_\_\_\_  
(IN CAPITALS)
2. Father's Name & Occupation \_\_\_\_\_  
(IN CAPITALS)
3. Mother's Name \_\_\_\_\_  
(IN CAPITALS)
4. Date of Birth \_\_\_\_\_
5. Address: a) Permanent \_\_\_\_\_  
Phone \_\_\_\_\_ (Mobile) \_\_\_\_\_  
b) Correspondence \_\_\_\_\_  
Phone \_\_\_\_\_ (Mobile) \_\_\_\_\_
6. Name, occupation and address \_\_\_\_\_  
Of the local guardian \_\_\_\_\_  
Phone \_\_\_\_\_ (Mobile) \_\_\_\_\_
7. Deptt. Class and Roll No. \_\_\_\_\_
8. If you were resident of any hostel of Panjab University earlier, give particulars:-  
Course \_\_\_\_\_ Year \_\_\_\_\_ Hostel/RoomNo. \_\_\_\_\_  
Duration of stay in PU Regional Centre's Hostel, if any \_\_\_\_\_
9. Family Income \_\_\_\_\_
10. Category: SC/ST/OBC/General \_\_\_\_\_
11. Did you join any class in any deptt. during  
the preceding year? Yes/No Department \_\_\_\_\_  
Class \_\_\_\_\_ Result \_\_\_\_\_

**SOLEMN DECLARATIONS: I, solemnly declare that the information given above is correct and nothing has been concealed therein.**

Dated \_\_\_\_\_.

\_\_\_\_\_  
(Signature of the Applicant)

P.U.S.S.G.R.C, Bajwara (Hoshiarpur)  
Hostel No.....  
Hostel Roll No.....  
Name.....  
Father's Name.....  
Postal Address.....  
.....PhoneNo.....  
Department.....Class.....  
Block.....RoomNo.....  
Date of joining the Hostel.....  
Signature of the Resident.....



Warden

#### INSTRUCTIONS

1. This card testifies the student's status as a resident of the University hostel.
2. This card is not transferable. The resident should always keep this card in his/her possession. It should be available for inspection when demanded by the D.S.W./D.S.W.(W)/Warden or any other person authorised by D.S.W./ D.S.W.(W)/Warden on his/her behalf.
3. The card should be carefully preserved, as no duplicate will ordinarily be issued. In case of loss, a duplicate card will be issued on payment of Rs.100/-.
4. The card is valid for the session 2023-2024 only.
5. The resident while leaving the hostel at the end of the academic year or in the mid session, must return the card to the office of the Warden, failing which the resident will have to pay Rs.100/-before the securities are refunded.

**P.U.S.S.G.R.C, BAJWARA,  
(HOSHIARPUR)**



**HOSTELIDENTITYCARD  
2023-2024**

*Dean Student Welfare*

**P.U.S.S.G.R.C,BAJWARA (HOSHIARPUR)**

**HOSTEL NO.....**

**Session 2023-2024**

**(Declaration to be signed by the parents/guardian)**

Name of the Resident.....

.....

Father's Name: Shri.....

and Address.....

.....Phone No.....

Department.....

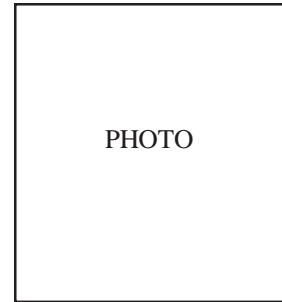
Hostel Block/Room No.....

Certified that Mr./Ms.....

.....

Whose particulars are given above has sought admission to the hostel with my consent. I declare that I shall be responsible for his/her proper conduct and regular payment of all his/her dues.

Dated.....



(Photo be attested by the Chairperson of the concerned Department)

Address.....

.....

**P.U.S.S.G.R.C, BAJWARA (HOSHIARPUR) HOSTEL NO.....**  
**(Particulars of resident for session 2023-2024)**

Block/RoomNo.....RollNo.....

Name .....

Father's/Guardian'sName.....

.....

Address: (Permanent).....

.....

(Emergency).....

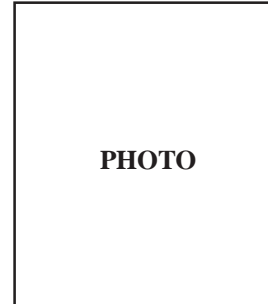
.....

Vehicle (two-wheeler only) No.&

Model.....

TelephoneNo.....Mobile.....

Signature.....



Department.....