



**Central Sanskrit University**  
Established by an Act of Parliament  
Under Ministry Education, Govt. of India  
**Shri Ranbir Campus**  
**Kot Bhalwal, Jammu - 181122 (J&K)**  
website: [www.csu.jammu.edu.in](http://www.csu.jammu.edu.in)  
E-mail : [shriranbirhostel@gmail.com](mailto:shriranbirhostel@gmail.com)

Affix Recent  
Photograph

**Hostel Admission Form**  
**Session:2022-23**

1. Name (In Capitals):.....
2. Department:..... Course: .....
3. Semester:..... Class Roll No.:.....
4. Father's Name (In Capitals): .....
5. Mother's Name (In Capitals): .....
6. Religion: .....7.Nationality.....
8. Category:: .....9.Blood Group: .....
10. Whether Suffering from any Medical Condition / Illness: Yes: ..... No.....
11. If Yes, Provide details: .....
12. Permanent Address (As given in the Admission Form): .....
- Village / Town: .....Post Office:.....
- Tehsil/Block:.....District:.....
- State:.....Pin Code:.....
13. Correspondence Address (if different from Permanent Address): .....
- Village / Town: .....Post Office:.....
- Tehsil/Block:.....District:.....
- State:.....Pin Code: .....
14. Contact Number: .....Whatsapp No.....
15. E-mail address: .....
16. Residence Landline No. (with STD Code): .....
17. Father's Mobile No: .....
18. Mother's Mobile No: .....
19. Name of Local Guardian: .....
20. Relationship with the Applicant:.....
21. Local Guardian Residence Landline No. (with STD Code): .....
22. Mobile Number of Local Guardian: .....
23. E-mail address of Local Guardian: .....

24. Address of Local Guardian: .....  
.....

Village / Town: .....Post Office:.....Tehsil / Block:.....

District:.....State:..... Pin Code: .....

25. Whether any Disciplinary Action was taken against you during your stay in the hostel:

Yes ..... No .....

### Declaration by the Applicant

I, Ms. / Mr .....will abide by all the rules of Shri Rambir Campus of Central Sanskrit University, Kot Bhalwal, Jammu. I assure that I shall follow all the rules of the University for maintaining discipline inside the Department and the Hostel. Further, I am aware that in case I violate any of the rules, I am liable to be fined / expelled from the hostel. In addition, I state that the information provided in this form is true to the best of my knowledge and nothing has been concealed therein. My admission to the Hostel shall be cancelled and security deposit forfeited if any information provided in this form is found to be false / incorrect. Further, incomplete application form will be rejected. I understand that filling up this application form does not guarantee admission to the Hostel.

**Signature of the Applicant:** .....

Name: ..... Date: ..... Place: .....

### Recommendation from the Head of Department

Ms. / Mr. .... has taken admission in the Department of.....in the Course..... in ..... Semester/Year for the Academic Session ..... I recommend her / him for allotment of a seat in the Hostel of Shri Ranbir Campus, Central Sanskrit University.

**Signature of Head of Department with Seal:** .....

Date: .....

Place: .....

### DOCUMENTS TO BE ATTACHED WITH THE APPLICATION FORM

1. Copy of University Admission Fee Receipt.
2. Copy of Proof of Permanent Address.
3. Copy of Valid ID Card.
4. Copy of medical Certificate.
5. Copy of Anti-Ragging Registration form.
6. Copy of Corona Vaccination Certificate.
7. Character Certificate.

**FOR OFFICE USE ONLY**

Ms. /Mr. ....is admitted to the Hostel of Shri Ranbir Campus, Central Sanskrit University for the Academic Session .....

Signature of Warden: .....

Signature of Committee Members : 1.....2.....3.....4.....  
5.....6.....7.....

**ADMISSION DETAILS (TO BE FILLED BY OFFICE)**

1. Name of the Student:.....
2. Hostel Fee: Rs. ....
3. Hostel Security: Rs. ....
8. Advanced Mess Charges for the Month of .....: Rs. ....
9. Payment Details: DD / Cheque Number: .....
6. Date of DD / Cheque: .....
7. Name of Issuing Bank & Branch: .....
8. Receipt No.: ..... Date: .....
9. Room No. Allotted: .....

Signature of the Office Assistant: .....Date .....

Signature of Warden: ..... Date .....

## Consent Form for Parents / Guardian

1. Name of the Applicant (In Capitals):.....
2. Department:..... Course: .....
3. Semester:.....
4. Relationship with the Applicant: .....

I,..... Father / Mother / Guardian of Ms.  
..... give my consent for my daughter  
/son/ ward to do the following:

1. Travelling back to home alone Yes ..... No .....
2. Overnight stay at Local Guardian's Residence Yes ..... No .....

The address of the Local Guardian of my daughter/son/ward is:

.....  
.....

Village / Town: .....Post Office:..... Tehsil / Block: .....

District: ..... State:..... Pin Code: .....

Signature of the Parent / Guardian .....

Name of the Parent / Guardian .....

Date ..... Place .....