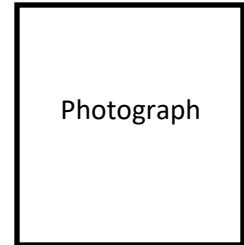


**BHARATI COLLEGE GIRLS HOSTEL**  
(UNIVERSITY OF DELHI)  
DELHI-110058  
**ADMISSION FORM 2021-2022**



Course ..... College Roll No. ....

1. Name

2. Category  General  SC  ST  PwD  Sports  OBC

3. Present Address

Telephone (O)  (R)

E-mail  Mobile

4. Permanent Address

Telephone (O)  (R)

E-mail  Mobile

5. Local Guardian

Relationship

Address

Telephone (O)  (R)

E-mail  Mobile

6. Educational Qualification :

Last Examination Passed	Board/University	Year of Passing	Percentage

*Signature of Applicant*

*Signature of Parent/Guardian*

*Name of Applicant*

*Name of Parent/Guardian*

Enclosures:

- 1. Copy of College Fee Receipt
- 2. Residence Certificate
- 3. Medical Certificate
- 4. Certificate of Reserved Category, if any
- 5. Marksheet of last examination passed
- 6. Vaccination Certificate

**BHARATI COLLEGE HOSTEL, UNIVERSITY OF DELHI, C-4, Janakpuri, New Delhi-110058**

**For Office Use Only**

Name of the student..... College Roll No.....  
Course..... for admission in Hostel receiving on.....

*Signature of Office Staff*

*Dated : .....*

## BHARATI COLLEGE

UNIVERSITY OF DELHI  
DELHI-110058

### ANTI-RAGGING UNDERTAKING 2021 -2022

The following undertaking must be submitted by all first year students along with the application form at the time of hostel admission.

No student will be admitted to the college hostel without this undertaking, duly signed by the student and the parent/ guardian.

1. Student's Name (in block letters).....
2. College Roll Number.....
3. Course.....
4. Telephone Number..... Mobile Number.....
5. E-mail.....
6. Father's Name.....
7. Local Address.....
8. Permanent Address.....
9. Telephone Number..... Mobile Number.....
10. E-mail.....

Bharati College, University of Delhi, stands committed to providing a secure environment to its students. It upholds in letter and in spirit the Supreme Court Order of 16/05/2007 in the Special Leave Petitions (Civil) Nos. 24295/2004 against ragging.

Bharati College shall take action against ragging within the framework of guidelines issued by various statutory bodies in this regard, read together with the University of Delhi Ordinances XV (B) and XV (C) (Ordinance is available in the Prospectus, on the College website and the University of Delhi website).

Bharati College has formally constituted an Anti-Ragging/ Proctorial Committee to inquire into all incidents of ragging. On receipt of an oral or written complaint, the Committee shall immediately suspend the students against whom the complaint is made. Subsequently, an enquiry will be completed within seven working days and further action in accordance with the punishments stated in Ordinance XV (C) will be taken.

#### UNDERTAKING

I do hereby declare that I am fully aware of University of Delhi's Ordinance XV (C) on ragging (provided in the College Prospectus and available on the internet) and understand its implications.

Counter-signed by parent/guardian

Signature of applicant

Relationship of signatory to the student:

(PARENTS /Guardian may inform the principal /warden of any change in the list given below)

**VISITORS TO THE HOSTEL**

S.No.	NAME	RELATIONSHIP	FULL ADDRESS	TEL.NO.	SIGNATURE
1.....					
2.....					
3.....					
4.....					
5.....					
6.....					

**PERSONS WITH WHOM RESIDENT MAY GO OUT**

S.NO.	NAME	RELATIONSHIP	FULL ADDRESS	TEL.NO.	SIGNATURE
1.....					
2.....					
3.....					
4.....					
5.....					
6.....					

**HOMES WHERE SHE MAY STAY FOR THE NIGHT**

S.NO.	NAME	RELATIONSHIP	FULL ADDRESS	TEL.NO.	SIGNATURE
1.....					
2.....					
3.....					
4.....					

(SIGN. OF THE LOCAL GUARDIAN)

(SIGN. OF THE PARENT)

Date:.....

Date:.....

WARDEN

PRINCIPAL

**BHARATI COLLEGE**  
**UNIVERSITY OF DELHI**  
**DELHI-110058**

**DECLARATION AND UNDERTAKING**

**Compliance with Hostel Rules 2021-2022**

**UNDERTAKING BY THE STUDENT**

I declare that all the statements made above are correct. I have read that *Bharati College Hostel Prospectus* and promise to abide by the rules stated therein. I shall not plead ignorance of any further regulation that may be notified from time to time.

I shall attend two-thirds of all my classes held in the college. I understand that in case of non-compliance I may lose the claim to Hostel seat.

*Date*

*Signature of Student*

*(Name of the Student)*

**UNDERTAKING BY PARENTS/ LOCAL GUARDIAN**

I have read the Hostel rules and I, hereby take the responsibility that my daughter/ ward ..... will abide by the rules stated therein. I further undertake payment of all dues which may be incurred during her stay in the hostel.

*Signature of Parent/ Guardian*

*Name of Parent/ Guardian*

**BHARATI COLLEGE**  
**UNIVERSITY OF DELHI**

**CANDIDATE’S STATEMENT OF DECLARATION**

Candidate must fill the details of the Form (i) before a medical examination by medical officer in any Government hospital. Form (ii) is to be filled by the medical officer. The officer will also certify the fitness of the candidate and attest the photograph of the candidate.

FORM (i)

1.	State your name in full (Block letters)	
2.	State your age and place of birth	
3.	Present Residential Address	
4.	Permanent Residential Address	
5.	<p>Details of having suffered from any major illness in lastFive years.</p> <p>Have you ever had:</p> <p>Any skin related problem Enlargement of suppression of glandAsthma</p> <p>Heart diseaseLung disease</p> <p>Fainting attacks/ Epilepsy</p> <p>Rheumatism</p> <p>Appendicitis? (Give details)</p> <p>b) Any other disease or accident requiring confinementin bed or hospitalization for surgical treatment? (Give details)</p>	
6.	When you were last vaccinated?	
7.	<p>Have you or any of your immediate family member been afflicted with</p> <p>Rheumatism/ Arthritis, Asthma</p> <p>Epilepsy or mental illness of any kind?</p>	
8.	Have you at any time suffered from any form of Psychological/ psychiatric disorder? Give details.	
9.	Furnish the following particulars concerning your family: Father’s age and state of health	
10.	If not alive, Father’s age at the time of his death and Cause.	
11.	Mother’s age and state of health	
12.	If not alive, Mother’s age at the time of her death and cause.	

I declare all the above answers are to the best of my knowledge, true and correct. I solemnly affirm that I have not received a disability certificate on account of any disease or any other condition.

Signed in my presence

(CANDIDATE’S SIGNATURE)

Signature of Medical Officer with stamp

(in presence of Medical Officer)

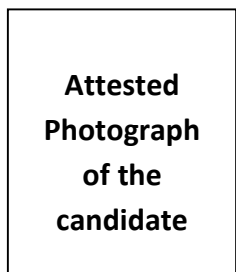
FORM (ii)

1	Candidate's Eyesight	
2	Any known Allergies (details)	
3	Last Surgical Intervention (if any) with cause/ reason	
4	Any chronic medical condition	
5	Any congenital medical condition	
6	Any Disability (orthopedic) Muscular, nerve etc.	

**MEDICAL CERTIFICATE OF FITNESS**

"I hereby certify that I have examined Ms. .... Daughter of Mrs./ Mr. .... for admission in the Bharati College, University of Delhi, and have not discovered that she has any disease (communicable or otherwise), constitutional weakness or bodily infirmity except ..... I further certify that I am not related to the candidate and not known to any member of her family."

Signature of Medical Officer with stamp



Guardian/ Parent Signature

Note: The Candidate will be held responsible for the accuracy of the above statement. By willfully suppressing any information or giving false information, she will incur the risk of losing the seat she is admitted to.