Hostel Admission Form

Session 2026-27

Photo

📌 Personal Details -

Field	Information to be Filled
Full Name	
Gender	☐ Male ☐ Female ☐ Other
Date of Birth	
Blood Group	
Nationality	
Religion	
Category	☐ General ☐ SC ☐ ST ☐ OBC
Mobile Number	
Email ID	
Permanent Address	
Local Guardian Name & Contact	

🎓 Academic Details -

Field	Information to be Filled
Course Name	
Department	
Enrollment Number	
Year/Semester	
Admission Year	

👨‍👩‍👧 Parent/Guardian Details -

Field	Information to be Filled
Father's Name	
Mother's Name	
Occupation	
Contact Number	
Address	

Student Signature:
Date:

Parent/Guardian Signature:
Date:

Documents to be Attached-

• [ ] Recent Passport Size Photograph
• [ ] Copy of University ID Card
• [ ] Aadhaar Card / Government ID
• [ ] Fee Receipt
• [ ] Medical Certificate (if applicable)

Declaration

I hereby declare that the information provided above is true to the best of my knowledge. I agree to abide by the rules and regulations of Shri Davara University Hostel. I understand that any violation may lead to disciplinary action or cancellation of hostel admission.

Student Signature: **Parent/Guardian Signature:**

Date: **Date:**

MEDICAL CERTIFICATE OF FITNESS

I have examined Shri / Kumari / Smt. .....

Son/ Daughter of Shri.....

Aged ..... Years, of Village:.....

P. O. ..... P.S. .....

Dist. ..... State ..... PIN ..... And

certify that, he / she is free from deafness, defective vision (including colour vision) or any other infirmity, mental or physical, likely to interfere with the efficiency of his / her work and found him/her possessing good health.

This certificate is being given to him/her for the purpose of admission and staying in the hostel at **Shri Davara University.**

Signature of Candidate

(To be signed in presence of the Medical Officer)

Signature of Medical Officer: .....

Name of Medical Officer: Dr. .....

Registration No. .....

Dated:

Seal

Note: Medical certificate granted by a qualified medical practitioner holding at least M.B.B.S. Degree and registered with Medical Council of India, shall only be valid. The date of issue of the medical certificate should be within one year from the date of application.

श्री Davara University
Established under Chhattisgarh Private Universities (Establishment and Operation) Act, 2005
NH-30, Davara Educational Campus, Naya Raipur (C.G.) – 493661 | registrar@davarauniversity.in

DECLARATION / UNDERTAKING FORM

(Mandatory Morning Sports & Physical Fitness Programme for Hostel Residents)

Academic Session : _____

Student Details

Name of Student : _____

Enrollment No. : _____

Course / Semester : _____

Hostel : ☐ Boys Hostel ☐ Girls Hostel

Room No. : _____

Mobile No. : _____

Declaration by the Student

I, _____, hereby declare that I have carefully read and understood the Standard Operating Procedure (SOP) for the Mandatory Morning Sports & Physical Fitness Programme for Hostel Residents issued by Shri Davara University.

I voluntarily undertake that:

1. I shall strictly comply with all the provisions, rules, regulations, and instructions contained in the SOP.
2. I shall attend the Mandatory Morning Sports & Physical Fitness Programme regularly and maintain the prescribed attendance.
3. I shall maintain discipline, punctuality, proper conduct, and respect the instructions issued by the Sports Department, Hostel Administration, and University Authorities.
4. I shall protect the University's sports facilities, equipment, hostel property, and other institutional assets.
5. I understand that any violation of the SOP may result in disciplinary action as prescribed by the University.
6. I hereby further declare and undertake that once I avail the Hostel Facility, even for a single day, I shall be deemed to have accepted the Hostel Rules and Fee Policy of the University. In