



UNIVERSITY OF LADAKH
KARGIL CAMPUS
KHUMBATHANG KARGIL LADAKH

APPLICATION FORM FOR HOSTEL ACCOMODATION

1. Name of the Student:

2. Father's/ Guardian's Name:

3. Date of Birth (DD / MM / YYYY):

D	D	M	M	Y	Y	Y	Y
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4. Roll No.:

Semester / Course _____

5. Gender (Male / Female): _____

Blood Group (Mandatory) _____

6. Address.:

_____ Pin:

7. Contact No. (Mobile):

8. Aadhaar Card No:

9. Name of the relatives/visitor (Other than Parents/Local Guardian) with address and Phone No)

a)

b)

c)

10. Contact Person in case of Emergency:

Name:

Relationship: _____

Contact No.:

Paste
your recent
Passport
size
photograph

OFFICE USE - ACCOUNT SECTION

Hostel Admission fee paid

Amount: _____

Date: _____

Signature of the Accountant

OFFICE USE – HOSTEL SECTION

Hostel Room. Allotted: _____

Hostel Block Allotted: _____

Date: _____

Signature of the Hostel Warden

Declaration by the Applicant:

1. I will strictly follow the rules and regulations and subsequent changes/addition if any as laid down by the University
2. I understand that a suitable action can be taken against me if I do not abide by the rules & regulations of the Institute. If I leave the Hostel on my own or I am expelled from the Hostel in the midst of the session, I will not be entitled to claim any refund
3. I certify that the information above is true to the best of my knowledge and belief. I further declare that anything happens to me or any kind of mishaps occurs outside/inside of the hostel due to my negligence/fault, the hostel authority will not be responsible for that
4. I understand that in case of any natural calamities, management will not be responsible for any losses and damages

Signature of the Parent/Guardian

Signature of the Student

Dated: