



BODOLAND UNIVERSITY: KOKRAJHAR
Application Form for Hostel Admission (2020-21)

SUBJECT:	SESSION:
ROLL NO.:	SEMESTER:
% OF THE SUBJECT IN TDC:	
DHE Unique ID:	Distance (in km) from home:

Affix your recent passport size photograph here with signature across

1. Name of Applicant :
 2. Father's name :
 3. Mother's name :
 4. Date of Birth : Nationality:
 5. Sex: Male/Female : Marital Status: Married/Unmarried
 6. Mobile /Telephone No. :
 7. E-mail :
 8. Permanent Address of Father/Guardian

Name :

Vill./Town : P.O.:

P.S. : District:

State : Pin Code:

Contact No. : E-mail:
 9. Present Address of Father/Guardian

Name :

Vill./Town : P.O.:

P.S. : District:

State : Pin Code:

Contact No. : E-mail:
 10. Address of Local Guardian (Appointed by Natural Guardian)

Name :

Address :

Phone No. :
 11. Category/Reservation seat applied for, mark tick (√). Please enclosed certificate.
 General SC ST (Plains) ST (Hills) OBC/MOBC
 Physical Handicapped E.C.Quota EWS
 12. Are you employed: Yes No
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DECLARATION BY THE CANDIDATE

I hereby submit myself to the disciplinary jurisdiction of the authorities of Bodoland University. I declare that the information given above is correct and complete to the best of my knowledge. If any of the above information is found to be incorrect, my admission will be liable to be cancelled and I shall be liable to disciplinary action as may be decided upon by the University.

Further I undertake to pay my Hostel Admission fees and other duties in time, failing which my examination results may be withheld.

Countersigned by Parent/Guardian
Date:

Signature of Applicant
Date:

Guardian's financial guarantee to be filled by the Parent/ Guardian

I hereby declare that I take full responsibility for the payment of University dues as laid down under University rules of my son/daughter/ward, Sri/Srimati/Kumari.....
.....during the course of his/her studies at Bodoland University.

Date:

Signature of Parent/ Guardian

For Office Use Only

Provisionally Selected under

Roll.No.	Course	Category	Subject	Hostel No.	Hostel Seat No.

Admitted

Warden
Boys/ Girls Hostel

Director of Students Welfare
Bodoland University

NOTE FOR INFORMATION

1. 1st & 2nd semesters mean 1st year, 3rd & 4th semesters mean 2nd year and 5th & 6th Semesters mean 3rd year.
2. Students are allowed to occupy hostel seats for their current 1st, 2nd & 3rd year for regular courses only, irregular students shall not be allowed to occupy hostel seats for any reason.
3. Admission must be taken yearly as per notification.
4. Any damage of hostel property must be replaced / compensated by the concerned student.
5. Any problem/dispute of hostel inmates shall be dealt by the hostel incharge.
6. Before vacating the hostel seat, students must clear all their dues/debts and produce the clearance certificate to the hostel in charge.

SOP FOR HOSTEL BOARDERS AND OTHERS (DURING COVID-19) BODOLAND UNIVERSITY

A. Before reporting to the Hostel:

1. For Students: All the hostel boarders are required to follow the hostel rules and regulations.
 - a) Rapid Antigen Test (RAT) certificate issued within one week prior is compulsory for the students.
 - b) Consent letter from Parents (format is given in the University website)
 - c) Students will be allowed to report in the hostel in Phase manner(group entry will be finalized by the authority of the University)
 - d) Staying in Hostel for student will not be made compulsory and will depend entirely on parental consent.
2. **Doctors:**
 - a) RAT certificate of students will be checked by medical team.
 - b) The Medical team will provides provision for health checkup to the hostel boarders.
 - c) RAT certificate of cooks and employees will be checked before reopening of Hostel.

B. After reporting to the Hostel:

1. **For students:**
 - a) Maintaining the social distancing is must in the Hostel as well as in public place.
 - b) Take proper precaution against COVID-19.
 - c) Students should enter in the dining hall in phase manner.
 - d) Students should restrict themselves from movement outside the campus.
 - e) After joining the hostel, student's attendance will be monitored.
 - f) Spitting and nose blowing should be strictly prohibited within the premises.
 - g) The hostel boarders should wear face cloths/mask while the food is being served and at all times in the dining area except while eating and drinking.
 - h) Guest will not be allowed in the hostel until further notification.
2. **Doctors:**
 - a) The Medical team will provides provision for health checkup to the hostel boarders once a week.
 - b) Medical team will inspect kitchen and mess once a week to ensure maintenance of hygiene.
 - c) Medical team should provide proper guidance on hygiene and safety to the Mess staff and Hostel boarders.
 - d) Medical team will check temperature of cooks, sweepers and others employees before entering the hostel campus.
3. **Cooks and employees:**
 - a) The Mess/ Kitchen stuff must sanitize them upon entering in the kitchen.
 - b) Wearing face cover/ mask, head gear, apron, hand gloves will be mandatory during cleaning, washing, cutting, cooking and serving of meals.
 - c) Spitting and nose blowing should be strictly prohibited within the premises.
 - d) The kitchen should be sanitized before and after the food consumption.

UNDERTAKING BY HOSTEL RESIDENTS

I a student of department hereby signing this form declare the following voluntarily that-

1. I have done the COVID-19 screening test and my result was negative in the test.
2. I have not come in contact with a confirmed COVID-19 patient in the last 14 days.
3. I will report any illness or fever immediately to the Medical unit of University.
4. I agree to pay for all medical expenses incurred in case of my hospitalization and give permission for my health care.
5. I will maintain social distancing in the hostel campus and will strictly follow the safety measures.
6. I will not invite any friend/outsider to the hostel premises.
7. I have rejoined in Hostel with proper permission from my parents/guardian and the University authority is not responsible.
8. I will be solely responsible for my health safety and my stay in the hostel will completely depend on university authority.
9. The University authority has the right to deny any boarder to rejoin the Hostel or may ask to vacate the Hostel immediately if my health condition poses an undue health risk to other boarders.
10. For any situation, I assure that my Local Guardian will be available at any urgency.

Name of Local Guardian:

Address of the Local Guardian:

Contact Number of Local Guardian:

I.....declare that the information provided is complete and true and I also understand that if I fail to comply with above terms and conditions, I shall be liable for the action as per the decision of University authority.

Signature of Parents

Contact Number:

Date:

Signature of Boarder

Name of Boarder:

Name of Hostel:

Room No.:

Contact Number of Boarder: