



केन्द्रीय संस्कृत विश्वविद्यालय
श्री रणवीर परिसर
कोट-भलवाल, जम्मू-181122

के.स.वि.वि.ज./छात्रावास/2022-23/738

दिनांक:-22.07.2022

कार्यालय आदेश

परिसर के प्राकशास्त्री प्रथम, द्वितीय वर्ष, शिक्षाशास्त्री द्वितीय वर्ष के समस्त छात्र/छात्राओं को सूचित किया जाता है कि सत्र 2022-23 में महिला एवं पुरुष छात्रावास में प्रवेश हेतु इच्छुक छात्र संलग्न आवेदन पत्र को भर दिनांक 05.08.2022 तक shriranbirhostel@gmail.com पर अथवा व्यक्तिगत रूप से छात्रावास प्रतिपालक के पास जमा करवा दें।

विशेष सूचना हेतु –

डॉ० गोपाल वर्मा (मुख्य छात्रावास अधीक्षक)	9459218981
डॉ० सुमन चन्द्र पन्त 'सुमन्त' (पुरुष छात्रावास प्रतिपालक)	9554131056
डॉ० स्नेह लता (महिला छात्रावास प्रतिपालिका)	9596355987

(प्रो. मदन मोहन झा)

निदेशक

प्रतिलिपि:-

1. उपर्युक्त प्राध्यापकों को सूचनार्थ।
2. समस्त विभागाध्यक्षों को सूचनार्थ।
3. प्राक् शास्त्री प्रथम, द्वितीय एवं शिक्षाशास्त्री द्वितीय वर्ष के छात्र/छात्राओं को सूचनार्थ।
4. छात्रावास समिति सदस्य।
5. प्रभारी, परिसर वेबसाईट।

(प्रो. मदन मोहन झा)

निदेशक



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
E-mail : 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. / Mrwill 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