GOVENRMENT GIRLS COLLEGE

SECTOR -18 REWARI HOSTEL

ADMISSION FORM 2025-26

1 Name in full (Block let	:ters)		
2 . Class	Roll No _		
3. Subjects taken 1	2	3	
4	5	6	
4. Father's Name		Mother's Name	
5. Permanent Residents	/Address (In Block	Letters)	
Mob: (student)	(Father)	(Mo	ther)
6. Father office address			
7. whether you belong t	o any of the follow	ing categories:	
SC/BC/OBC/Defence	Personnel/ Physica	lly Challenged Attach	n Certificate
8. Are you applying for t	he hostel accommo	odation for the first t	ime ? yes/no
9. Were you earlier a ho (i) Year of admission to t	•	•	
(ii) Class Roll NO	H	ostel Name	
10. Any relative already	staying in the host	el . If yes, Please give	details
Name Father's N	lame	Hostel Name	Roll No
11. Whether you were	ounished for any of	fence during your st	ay in hostel ? Yes/No
Class Year of I	Passing	Percenta	ge
13. E-mail of students		Parents	
14. Aadhar Cards No. (St	:udent)		
15. Bank Name No. (Sav	ing)	IFSC Cod	de

Warden

Principal

Superintendent

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ADMISSION FORM 2025-26

1 Name in full (Block let	ters)		
2 . Class	Roll No		
3. Subjects taken 1	2	3	
4	5	6	
4. Father's Name	N	Mother's Name	
5. Permanent Residents	/Address (In Block L	_etters)	
Mob: (student)	(Father)	(N	1other)
6. Father office address_			
7. whether you belong to	any of the following	ng categories:	
SC/BC/OBC/Defence F	ersonnel/ Physicall	ly Challenged Atta	ch Certificate
8. Are you applying for tl	ne hostel accommo	dation for the first	time ? yes/no
9. Were you earlier a hos	stler in this college	?If yes	
(i) Year of admission to t	he hostel		- <u></u>
(ii) Class Roll NO	Ho	ostel Name	
10. Any relative already	staying in the hoste	l . If yes, Please giv	e details
Name Father's N	ame	Hostel Name	Roll No
11. Whether you were p	unished for any off	ence during your s	tay in hostel ? Ye
Class Year of P	assing	Percent	age
Class Year of P 13. E-mail of students			
		Parents	

Warden

Principal

Superintendent

VISITOR'S LIST

Mother's Photo	Father's Photo	
Signature	Signature	
-	2	
	2	
Name of visitor / Guardian Relation	ship / Phone No and address	
Address	Address	
 Mob	Mob No	
3. Whether permitted for the followin	ng	
(i) Shopping		
(ii) travelling (With Permission of Par	rents)	

Signature of father / Guardian

AFFIDAVIT BY PARENT/GUARDIAN

ANNEXURE – II

1.Mr./Mrs./Ms	f/O, m/o (Full name student admission/registration/enrolment
number) has been admitted to	have received a
	on Curbing the Menace of Ragging Higher Educational Institution,
2009, (have in after called the	"Regulations") carefully read and fully understood the provisions
contained in the said Regulation	
2. I have, in particular, perusec	clause 3 of the Regulations and am aware as to what constitutes
ragging.	
3. I have also, in particular, peru	sed clause 7and clause 9.1 of the Regulations and am fully aware of
	tion that is liable to be taken against me in case I am found guilty of
•	assively, or being part of a conspiracy to promote ragging.
	2001-01/1 or 2001-0 km or 2 conspirately to be consequently
4. I hereby solemnly aver and ur	dertake that
a) My ward will not indulge in a	ny behaviour or act that may be constituted as ragging under clause
3 of the Regulations.	,
-	
	in or abet or propagate through any act of commission or omission
that may be constituted as raggi	ng under clause 3 of the Regulations.
5. I here affirm that, if found gu	ilty of ragging, My ward is liable for punishment according to clause
_	prejudice to any other criminal action that be taken against me
under any penal law or any law	
and any penantan or any nan	
6. I hereby declare that my war	d has not been expelled or debarred from admission in institution in
•	found guilty of, abetting or being part of a conspiracy to promote of
ragging; and further affirm that	, in case the declaration is found to be untrue, I am aware that my
ward's admission is liable to be	ancelled.
Declared thisday	ofyear.
Signature of deponent	
Name :	
Address:	
Telephone /Mobile No :	
E-mail id:	

AFFIDAVIT BY THE STUDENT

ANNEXIRE -I

1(full name of student with
admission/registration /enrolment numbers/o d/o Mr./Mrs./Ms
Have been admitted to(Name of the institution)have carefully read "THE HARYANA PROHIBITION OF RAGGING IN EDUCATION INSTITUTION ORDINANCE, 2012" and fully understood the provisions contained int the said ordinance.
2. I have , in particular , perused clause 3 of the Regulations and am aware as to what constitutes ragging
3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy of promote ragging.
4. I hereby solemnly aver and undertake that
a) I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
b) I will not participate in or abet or propagate through any act of commission of omission that may be constituted as ragging under clause 3 of the Regulations.
5. I hereby affirm that, if found guilty of ragging, I am liable for punishment according to the
Ordinance, without prejudice to any other criminal action that be taken against me under any penal law or any law for the time being in force.
6. I hereby declare that I have not been expelled or debarred from admission in any institution in
the country on account of being found guilty of, abetting or being part of a conspiracy to promote,
ragging; and further affirm that in case the declaration is found to be untrue, I am aware that my
admission is liable to be cancelled. Declared this day of
month ofyear.

Signature of deponent

GOVERNMENT GIRLS COLLEGE SECTOR -18 REWARI HOSTEL

PERSONAL INFORMATION & HEATH RECORD

Name in full (Block letters)		
Class		
Roll No	PARENTS	
INFORNATION:		
Name	Moblie No	E-mail:
PARMANENT ADDREESS	PRESENT ADDRESS	Local Guardian if any (Details)
Age:	Gender: Male/Female	Blood Group:
Height	Weight:	Eye Sight:
PAST HISTORY:(Please Tick)		
Diabetes/Tuberculosis/Hypert	tension/Hypotension/HeartDise	ase/Bronchial
Asthma/jaundice/Epilepsy/Su	rgery/psychological /skin Diseas	e/Others
Details:		
LUCTORY OF ALLEROIES.		
HISTORY OF ALLERGIES:		
Substance allergy		
Drug allergy		
Data	Cignature of Derents	Cignoture of student

GOVERNMENT GIRLS COLLEGE SECTOR -18 REWARI

HOSTEL

I		D/o	
Student of Class	in	Hostel Room No	
Will not claim and apply for	r the hostel seat, I	If I get reappear in any subject	
Parent's Signature		Student Signature	