MADHAV INSTITUTE OF TECHNOLOGY & SCIENCE GWALIOK (A Govt. Aided UGC Autonomous & NAAC Accredited Institute Affiliated to RGPV Bhopal, Madhya Pradesh)

To, The Ho	Hostel Admission Y Admission Y	있는데 요즘 사람들이 가는데 하는데 하는데 보고 있는데 다른데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는
Sir/Ma	dam	S.others.
I wish informa		e semester So, I am providing below the necessary
,2.	Mobile No 1	2. Whatsapp No
3.	Email ID	
4.	Programme/Branch/Class/Semester	
5.	Father's Name	
	Mobile No 1	2. Whatsapp No
	Email ID	
6.	Mother's Name	
	Mobile No 1	2. Whatsapp No
	Email ID	
7.	Date of Birth:	
8.	Bank Detail: Bank Name	Branch: City:
	IFSC Code Accoun	t No:
	Bank Holder Name:	25020000 000000000000000000000000000000
9.	Email ID :	8. Mobile No. :
9.	Address of Correspondence (in Block Letter)	· ·
	+: /	Phone No.:
10.	Permanent Address :	
		Phone No.:
11.	Name and Address of Local Guardian :	
	and the second s	Phone No.:

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12. Occ	cupation/Designation of:	Capital rest and a construction of the constru
	Father:	Mother:
	Local Guardian:	K 198 I Shired State State of the State of t
	ergy to any Medicine if Yes, Please mention	
. Nam		s/Local Guardian) with addressand Phone No.
	i) ii)	er en
	iii)	
	ether he/she will travel alone or with the Par itute.	rents/Local Guardian at the timeof Holiday/of the
	ase of emergency, we can contact Mr./Ms./N	Ars
	at Residence Phone	
	at Residence Phone	Office No.
	Relationship with you	a dia
	Declarati	ion by the applicant
1.		all the rules and regulations mentioned above. I will subsequent changes/addition if any as laid down by the
2.		n be taken against me if I do not abide by the rules & the Hostel on my own or I am expelled from the Hostel e entitled to claim any refund.
3.	declare that anything happens to me or	s true to the best of my knowledge and belief. I further any kind of mishaps occurs outside/inside of the hostel authority will not be responsible for that.
4.	I understand that in case of any natura losses and damages.	l calamities, management will not be responsible for any
	Signature of the Father/Mother	Signature of the Student Signature of the Local Guardian
	ForO	Official Use Only
	404 mg/1	
Date	e of Admission in Hostel :	Room Allotted :
		The section of the set to be settled the entitle of the
Sign	nature of the Hostel Superintendent	Signature of the Hostel Warden

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ANTI RAGGING UNDERTAKING BY THE STUDENT

T	
	with enrollment No.
	admitted for the Program
	in the Department of
	I hereby accept that I have received a copy of the UGC Regulations on Curbing the Menace of raggin Higher Educational Institutions, 2009 (Hereinafter called the regulations), carefully read and funderstood the provisions contained in the said Regulations.
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 I am fully aware of penal and administrative action that is liable to be taken against me in case I am found guilty abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4.	I hereby solemnly aver and undertake that I will not indulge in any behaviour or act that may constituted as ragging under clause 3 of the regulations. I will not participate in or abet or propagithrough any act of commission or 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 clause 9.1 of tregulations, without prejudice to any other criminal action that may be taken against me under a 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 to country on account of being found guilty of abetting ragging, actively or passively, or being part of conspiracy to promote ragging; and further affirm that, in case the declaration is found to be untrue am aware that my admission is liable to be cancelled.
	Declared on:
	Signature of the Deponent :
	Name of the Deponent :
	VERIFICATION
	/erified that the contents of this undertaking are true to the best of my knowledge and no part of it is alse and nothing has been concealed or misrepresented therein.
	/erified at on
	ignature of the Deponent :

UNDERTAKING BY HOSTEL RESIDENTS

L ·	
with enrollment No.	
in the Department of	Programme.
in the Department of	•
I hereby undertake that as a hosteller at MITS Gwalior, the room no me in Hostel no I hereby accept that I have been provided for the current semester only and I will vacate the room at the end of the belongings; if I fail to do so, I will be responsible for the payment of a fine a decided by Hostel/Institute administration. I understand that hostel accommon for first year students, so second year onwards I will have to stay outside the institute administration.	d Hostel accommodation e semester with all my nd disciplinary action as odation is provided only
I undertake that I will abide by the Hostel rules & regulations and code of coninstitute website, if I fail to do so, I will be responsible for the payment of a fin that may go upto expulsion, as decided by Hostel/Institute administration.	
Student's Signature :	
Name of the Student :	
Contact No. :	
A CUNIONAL ED CEMENT DV DA DENT/CHA DDIANI	
ACKNOWLEDGEMENT BY PARENT/GUARDIAN	
<u>, </u>	
father/ mother/ guardian of	, have read the terms of
above undertaking and understand that the above rules are for the improvement. I also understand that if he/she fails to comply with these terms, suitable action as per Institute rules and norms which may go upto expulsion. will strictly follow the above terms & conditions and other Hostel rules & conduct as available on the institute website.	he/she will be liable for I undertake that he/she
Parent's/Guardian's Signature :	
Name of the Parent/Guardian: (If Guardian mention the relationship with student) Address for Correspondence:	
Contact No. of Parent/Guardian:	

ANTI RAGGING UNDERTAKING BY PARENT/GUARDIAN

Talle / III Ottici / Eddicard	n of,
with enrollment No.	
admitted for the	Flogramme
. Il - Department of	
I hereby accept that I hereby accept the I hereby accept the I hereby accept that I hereby accept that I hereby ac	rave received a copy of the UGC Regulations on Curbing the Menace of ragging in stitutions, 2009 (Hereinafter called the regulations), carefully read and full
and and the provision	ons contained in the said Regulations.
il - i tiquiar po	cused clause 3 of the regulations and am aware as to what constitutes ragging.
I have also, in particula	or, perused clause 7 and clause 9.1 of the regulations and Fam fully aware of the perused clause 7 and clause 9.1 of the regulations and Fam fully aware of the peruse of
for abotting ranging ac	tively or passively, or being part of a conspiracy to promote ragging.
the salemply aver	and undertake that my ward will not indulge in any behaviour or act that may be
constituted as ragging propagate through any	under clause 3 of the regulations. my ward will not participate in or abet of act of commission or omission that may be constituted as ragging under claus
3 of the regulations.	the of reaging ho/sho is liable for punishment according to
I hereby affirm that, if	my ward is found guilty of ragging, he/she is liable for punishment according tations, without prejudice to any other criminal action that may be taken again
clause 9.1 of the regul	ations, without prejudice to any other criminal detroit and
me under any penal la	w or any law for the time being in force. my ward have not been expelled or debarred from admission in any institution
I hereby declare that I	nt of being found guilty of abetting ragging, actively or passively, or being part of
the country on accour	e ragging; and further affirm that, in case the declaration is found to be untrue
conspiracy to promote	e ragging; and further affirm that, in case the declaration is
	· · · · · · · · · · · · · · · · · · ·
am aware that the adr	nission of my ward is liable to be cancelled.
am aware that the adr	nission of my ward is liable to be cancelled.
	nission of my ward is liable to be cancelled.
Declared on:	
Declared on:	onent :
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Declared on: Signature of the Deponer Name of the Deponer	onent :
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Declared on: Signature of the Deport Name of the Deponer Address of the Deponer VERIFICATION	onent : ent :
Declared on: Signature of the Deport Name of the Deponer Address of the Deponer VERIFICATION	onent : ent :
Declared on: Signature of the Deport Name of the Deponer Address of the Deponer VERIFICATION Verified that the cont false and nothing has	ents of this undertaking are true to the best of my knowledge and no part of it is