



APPLICATION FORM

Hostel Admission / Re-Admission to the year _____

Form No: _____

Date: _____

KESHAV MAHAVIDYALAYA GIRLS' HOSTEL

(University of Delhi)

H-4-5 Zone, Sainik Vihar, Pitampura, Delhi-11 00 34

Tel: 011-27018807/05 Fax: 011-27018806

Email: wardenkmv@gmail.com, principal@keshav.du.ac.in

Name: _____ Nationality: _____

Course (Section): _____ Year: _____ Roll No.: _____

Fee Receipt No: _____ Mobile: _____

Course Enrolment Year: _____ Category(GEN/SC/ST/OBC/PWD): _____

Father's Name: _____ Occupation: _____

Mobile: _____ Email: _____

Mother's Name: _____ Occupation: _____

Mobile: _____ Email: _____

Permanent Address: _____

_____ Telephone No. (with STD code): _____

Local Guardian's Name: _____ Relation with student: _____

Address: _____

Mobile: _____ Email: _____

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Website: www.keshav.du.ac.in

- Kindly refer to the College website for any changes / notifications.
- The first admission list will be notified on 1 July 2017. (Fee days 1 July – 4 July 2017)
- The second admission list will be notified on 13 July 2017. (Fee days 13 July – 15 July 2017)
- The third admission list, if any, will be notified on 22 July 2017. (Fee days 22 July – 25 July 2017)

Fill the following table as applicable:

- Percentage of marks of class XII on the basis of which admission was sought in respective courses.
- Third Year applicants need to fill marks for both First and Second years.

	Subject / Course	Board / College	Year of Passing	Marks (Aggregate %)
Class XII				
First Year				
Second Year				

Admission through ECA/ Sports/ Teacher's Ward: _____

Medical Details

Known Allergies: _____

Do you suffer from any chronic Ailment? (Yes/ No) _____

If Yes, Give details: _____

Any specific medication required? _____

Any other detail you would like to provide: _____

I certify that all information provided by me is authentic, failing which my application stands to be cancelled.

Signature of Student

Receipt: Application for Hostel Admission 2017-18

Form No: _____ Date: _____ Roll No: _____

Name : _____ Course (Section): _____ Year: _____

Authorized Signatory