



The English and Foreign Languages University  
Shillong Campus  
Umshing-Mawkynroh  
Shillong, Meghalaya  
Pin - 793022



HOSTEL ADMISSION FORM

Men's/Women's Hall of Residence

Duration of stay applied for (in semester period) : (August-December/February-June)

1. Name of the Student (in bold letters) : \_\_\_\_\_
2. Father's/Guardian's Name (with phone/Mobile No.) : \_\_\_\_\_, Mobile: \_\_\_\_\_
3. Mother's Name: \_\_\_\_\_
4. Programme of Study : \_\_\_\_\_ 5. Semester : \_\_\_\_\_ 6. Year \_\_\_\_\_
7. Date of Birth : \_\_\_\_\_ Day/ \_\_\_\_\_ Month/ \_\_\_\_\_ Years/ \_\_\_\_\_
8. Blood Group : \_\_\_\_\_, 9. Mother Tongue : \_\_\_\_\_
10. Any other Languages known : \_\_\_\_\_, 11. Category: \_\_\_\_\_ (SC/ST/OBC/Gen)
12. Any chronic health problem/allegries : \_\_\_\_\_
13. Religion : \_\_\_\_\_, 14. Phone/Mobile No. : \_\_\_\_\_
15. Email ID : \_\_\_\_\_
16. Permanent Address with Pincode  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
17. Local Guardian's Name, Full Address with Pincode, Phone No., Email ID.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Place:

Name of the Student :

Date:

Signature :

**DECLARATION**  
(To be filled in by the Student)

I, \_\_\_\_\_, son/daughter of Shri/Shrimati \_\_\_\_\_ a Permanent resident of Vill/Lane/Locality \_\_\_\_\_, (Place) \_\_\_\_\_

District \_\_\_\_\_, State \_\_\_\_\_, Pin \_\_\_\_\_, hereby declare that, the information provided by me in the proforma is correct in all respect. If admitted in the Hall of Residence of the EFL University, I will abide by the rules and discipline of the hostel. In case, I fail to abide by the rules and discipline of the hostel, disciplinary actions may be taken against me and my admission to the hostel may be forfeited.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Place: \_\_\_\_\_ Name: \_\_\_\_\_

**UNDERTAKING**  
(To be filled in and signed by Parents/Guardian)

This is to certify that, Mr./Ms. \_\_\_\_\_ son /daughter of \_\_\_\_\_

Shri/Smt. \_\_\_\_\_ of (Place) \_\_\_\_\_ District. \_\_\_\_\_

State \_\_\_\_\_ Pin \_\_\_\_\_ is my (relationship) \_\_\_\_\_

I undertake that my son/daughter will abide by the rules of the hostel and the university, failing which, he/she will be subjected to the disciplinary actions of the hostel authority and the university and his/her admission in the hostel may be forfeited.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Place: \_\_\_\_\_ Name: \_\_\_\_\_

Full Address of the signatory with Mobile No.: \_\_\_\_\_

Email: \_\_\_\_\_, Mobile No. : \_\_\_\_\_

**Documents required at the time of submission:**

1. Medical Fitness Certificate by an authorised practitioner.
2. Proof of admission in the semester/academic year (Admission Receipt/Certificate from the HOD or Course Coordinator/Dean/Student's ID etc)
3. 3 (Three) Passport size photo
4. Authorization Letter from Parents/Guardian with name and detailed address and contact number of the Local Guardian.
5. Consent Letter from Local Guardian.

**Note:** Admission to the hostels will be given on provisional basis, it cannot be considered a matter of right. The decision of the competent authority will be final. The application should be filled in all respect. Once selected for admission/re-admission, students have to deposit the caution money, failing which admission in the hostels will be cancelled. No Students will be admitted without a Local Guardian.

..... FOR OFFICE USE ONLY .....

Hostel Alloted (Yes/No) : \_\_\_\_\_ (If not state reason) : \_\_\_\_\_

Hostel Alloted on : \_\_\_\_\_ Name of the Hosteller : \_\_\_\_\_

Male/Female : \_\_\_\_\_ Fresh/Re-alloted : \_\_\_\_\_

Programme of Study : \_\_\_\_\_ Semester : \_\_\_\_\_

Room No. alloted : \_\_\_\_\_