

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

Paste your recent Passport size photo here

## **HOSTEL ADMISSION FORM**

Men's/Women's Hall of Residence

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

Name of the Student (in bold letter	rs) :	•,		
Father's/Guardian's Name (with ph	hone/mob	ile no.):		
Mother's Name:				
Programme of Study :		5. Semester		6. Year
Date of Birth :	Day/	Month/		Years
Blood Group :	9	. Mother Tongue:		
Any other Languages known :		11. Category :		(SC/ST/OBC/Geñ)
Any chronic health problem/allerg	gies:			4.
Religion :	14. F	Phone/Mobile No. :		
Email ID				
Permanent Address with Pincode	:			
			*,	
Local Guardian's Name, Full Addre	ess with Pi	ncode, Phone No. , Ema	il ID :	
-	f.y.			*
	Father's/Guardian's Name (with posterior Name:	Father's/Guardian's Name (with phone/mob  Mother's Name:	Father's/Guardian's Name (with phone/mobile no.):  Mother's Name:  Programme of Study:  Date of Birth:  Day/  Blood Group:  Any other Languages known:  Any chronic health problem/allergies:  Religion:  Email ID  Permanent Address with Pincode:  Local Guardian's Name, Full Address with Pincode, Phone No., Email Inc.,	Local Guardian's Name, Full Address with Pincode, Phone No. , Email ID :

Name of the Student:

Signature:

DECLARATION
(To be filled in by the Student)

a Permanent resident of VIII / /				
- Coluctit Of VIII/I and/I ocal/	, son/daughte	er of Shri/Shrimati		
	щу	er of Shri/Shrimati Disi		
University, I will abide by the rules and di	rrect in all respect. If a	, (Place) Disi , hereby declare that, the informal dmitted in the Hall of Residence of the case, I fail to abide by the rules and disciply admission to the hostel may be forfeited.		
Date:				
Place:		Signature:		
		Name:		
(To be filled	UNDERTAKING In and signed by the Par	rents/Guardian)		
This is to certify that, Mr./Ms.				
of (Place)	son /dau	son /daughter of Shri/Smtstate		
	P/			
I undertake that my son/daughter/ward whe/she will be subjected to the disciplinadmission in the hostel may be forfeited.  Date:	vill abide by the rules of ary actions of the host	the hostel and the university, failing whice authority and the university and his/h		
Place:		Signature:		
Full Address of the signatory with Mobile No	0.:			
Email:	Mahila N			
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