



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

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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.): _____
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/allergies: _____
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 :

Name of the Student :

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 the 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/ward 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 authorized medical 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 photos
4. Authorization Letter from Parents/Guardian with name and detailed address and contact number of the Local Guardian.
5. Consent Letter from the Local Guardian.

Note: Admission to the hostels will be given on provisional basis; it cannot be considered as 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 Student will be admitted without a Local Guardian.

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

Hostel Allotted (Yes/No) : _____ (If not state reason) : _____

Hostel Allotted on: _____ Name of the hosteller : _____

Male/Female: _____ Fresh/Re-allotted : _____

Programme of Study: _____ Semester: _____

Room No. allotted: _____