

Undertaking from Parents/Guardian for attending Regular Classes

(To be filled in triplicate form)

Date:.....

To

The Director/Dean/Principal/Prof. In-charge/Head

Institute/Faculty/College/Department

AIIMS, Gorakhpur -273008

Sir/Madam,

I Mr. /Ms..... Father/Mother/Legal Guardian

of Mr. /Ms Student of class course

..... Enrollment no.

Contact no. for the session do hereby undertake and

confirm that I hereby permit my son/daughter/ward to go to AIIMS, Gorakhpur – 273008, Uttar Pradesh to attend the regular classes during the COVID – 19 pandemic and the University authorities/administration will not be responsible if my son/daughter/ward contaminate any COVID – 19 symptoms after attending the regular classes. I do hereby confirm that my son/daughter/ward will compulsorily wear face masks within the university campus and follow all the COVID – 19 protocols such as washing hands, using sanitizers and maintaining social distancing etc.

(Signature of Father/Mother/Legal Guardian)

(Signature of Student)

Address:

.....

.....

Contact No.

Contact no.

****Note- Parents should not send their children/ward to University, if the child is not feeling well/sick as the attendance is not compulsory and entirely depends on parental control.***



ALL INDIA INSTITUTE OF MEDICAL SCIENCES
KUNRAGHAT, GORAKHPUR - 273008
Hostel Section

Allotted Room No

Date:

To,
The Provost
Hostel (Boys and Girls)
AIIMS, Gorakhpur

**SUB: APPLICATION FOR ALLOTMENT OF HOSTEL ACCOMMODATION
(FORM MUST BE FILLED IN CAPITAL LETTERS)**

Dear Sir/Madam,

I have joined the institute as **MBBS** student
I wish to request that I may be allotted hostel accommodation in the AIIMS Hostel campus.
I have read and hereby agree to abide by the hostel rules and regulations, in force.

My brief particulars are below.

PERSONAL DATA:

1. Student's Name (Full name in block letters)
2. Date of Joining: Course:.....
3. Permanent Residential Address & contact number:
-Pin code:.....
3. Student's Email ID.....
4. Mobile no.....
5. Residence with STD code:
6. Date of birth
7. Nationality Blood group.....

I declare that the information given above is true to the best of my knowledge. I agree that if any information furnished above is found to be incorrect my allotment is liable to be cancelled.

Date:

Signature of the Applicant

FAMILY BACKGROUND:

Affix self attested color photo of parents (Father)	Affix self attested color photo of parents (Mother)	Affix self attested color photo of Local Guardian
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1. Full name of Father:
2. Occupation of fatherMobile No
3. Full name of Mother:
4. Occupation of MotherMobile No
5. Parent / Guardian Email ID:
6. Tel. No (with STD code): Office:Residential:

NEAREST LOCAL GUARDIAN (If any)

Name and address of contact person who should be contacted (in case of emergency)

1. Name:.....
 Address:.....

 Tel.no (mob/res).....
2. Name:
 Address:

 Tel.no (mob/res).....

I request you to admit my ward Mr. /Ms. to the hostel. I give an undertaking that he / she has read and will abide with all Rules and regulations of the hostel.

Yours faithfully

Date:

Signature of the Parent / Local Guardian

DECLARATION TO BE SIGNED BY THE STUDENT

I have read all the rules and regulations of the hostel. I hereby agree to abide by the rules and regulations of the hostel in force from time to time. I am liable for disciplinary action in case if any breach.

Date:

Signature of Student

Signature of Parent

Signature of Warden

Signature of Assist. Provost

Signature of Provost

NOTE

Self-attested copies of the following documents should be submitted along with the hostel Application form

1. Proof of residence (Parents and nearest local guardian)
2. A copy of Medical examination report
3. Three photographs (Each photo should have your full name and course name)

DECLARATION TO BE SIGNED BY STUDENT

(In case of double occupancy of rooms)

I have been informed that the hostel rooms will be provided on double occupancy basis .I will abide by all instructions of the AIIMS administration regarding changing room /shifting hostel.

I will be liable for disciplinary action in case of any breach.

Date

Signature of student

Signature of parent