



GOVERNMENT OF ARUNACHAL PRADESH
DERANATUNG GOVT. COLLEGE

ITANAGAR-791 113 (Arunachal Pradesh) INDIA
(Re-accredited by NAAC with C Grade in 2018)

Website: www.dngc.ac.in, E-mail- dngcitanagar@gmail.com, Phone/Fax: 0360-2212516

Form No.....

Date.....

APPLICATION FORM FOR HOSTEL ADMISSION IN
TAI BIDA BOY'S HOSTEL



Applicant's Details

1. Name (In Block Letters) :
2. Parents
 - a. Father's Name :
 - b. Mother's Name :
3. Date of Birth :
4. Blood Group :
5. Permanent Address :
 - a) Village/ Town/ City : b) Police Station :
 - c) Post Office : d) District : e) Pin Code :
 - f) Contact No : g) State :
6. Present Address :
 - a) Village/ Town/ City : b) Police Station :
 - c) Post Office : d) District : e) Pin Code :
 - f) Contact No : g) State :
7. Present Admission:
 - a. B.A/B.Com/B.sc : Semester – I / II / III / IV / V / VI : University Roll No
:.....b) Major Subject (For V and VI Sem
Students):
8. Details of the last Examination (enclose the self attested copy of mark sheet) :

a. Name of the Examination :.....Percentage :
.....

Note: attach marksheets of all lower class examinations (For V Sem: I,II,III&IV M/sheets) (For III Sem: I&II M/sheets) (For I Sem: CI XII)

Signature of Parent

Signature of Student

DECLARATION

I Mr. of B.A / B. Com / B.Sc _____ do hereby declare that-

- a) At present neither I am employed nor shall I do service anywhere till availing hostel accommodation.
- b) I promise to abide by the rules, regulation and instruction of the Principal / Hostel Superintendent.
- c) The information furnished in this admission form are true to the best of my knowledge and in event of any information being found incorrect or misleading my admission to the hostel shall be liable for cancellation without any notice.

Place :

Signature :

Date :

Name :

FOR OFFICE USE ONLY

Mr. / Ms. _____ of of B.A / B. Com / B.Sc _____ is allotted seat No. _____ in Room No. _____ Of the _____ Hostel _____

Hostel Superintendent