GOVERNMENT OF ARUNACHAL PRADESH
OFFICE OF THE PRINCIPAL
DERA NATUNG GOVERNMENT COLLEGE
ITANAGAR-791 113 (Arunachal Pradesh)
Website: www.dngc.ac.in, E-mail-dngcitanagar@gmail.com
Phone/Fax: 0360-2212516

APPLICATION FORM FOR HOSTEL ADMISSION IN NYARI WELLY GIRLS' HOSTEL

Affix recent Passport size colour photograph

Form No. :		Date:	
Present Course/Semester:		RGU Roll No.:	

A. APPLICANT'S DETAILS:

Name (In BLOCK LETTERS):		Date of Birth:	
Father's Name:		Mobile Number	
Permanent Address:	Town/ Village: _____ PO:_____PS:_____ District: _____ Pin Code: _____ State: _____		

B. LOCAL GUARDIAN / EMERGENCY CONTACT*:

Local Gurdian's Name:		Relationship:	
Mobile Number:		Alternative No.:	
Local Address:	Town/ Village: _____ PO:_____PS:_____ District: _____ Pin Code: _____ State: _____		

***NOTE:** The Local Guardian should preferably reside within a 12 km radius of DNGC Campus and must be available to attend to the student in case of any medical emergency or other urgent affairs requiring immediate attention.*

C. ACADEMIC / ADMISSION MERIT DETAILS *(Enclose the self-attested copy of Marksheet)**:

Examination	Board/University	Year	Marks/Credit Score	Percentage/ Score
Class XII				
CUET (For 1st Semester)				
1st Semester				
2nd Semester				
3rd Semester				
4th Semester				
5th Semester				

***NOTE:** For all semesters, mark sheets of all previous classes/semesters must be enclosed with the application form. In the case of 1st Semester applicants, submission of the CUET and Class XII score/mark sheet is also mandatory.*

DECLARATION

I Ms/ 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, regulations and instructions of the Principal / Hostel Superintendent.

c) The information furnished in this admission form is true to the best of my knowledge and in the event of any information being found incorrect or misleading, my admission to the hostel shall be liable for cancellation without any notice.

Date: _____

Place_____ Signature of the applicant with date

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FOR OFFICE USE ONLY

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

Hostel Superintendent