



**IGDTUW Hostels  
Indira Gandhi Delhi Technical University for Women  
Kashmere Gate, Delhi -110006  
APPLICATION FORM  
(2022 - 2023 Session)**

**S.No \_\_\_\_\_ (ALL ENTRIES MUST BE MADE IN CAPITAL)**

**Affix a latest  
Passport  
size  
Photograph  
here**

1. Name of Student Ms./Mrs.: \_\_\_\_\_
2. Nationality: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_
4. Enrolment No: \_\_\_\_\_
5. JEE Rank (For New Admission) \_\_\_\_\_
5. Course (B.Tech /B/Arch/ BTech Dual Degree MBA/BBA): \_\_\_\_\_
6. Date of joining the University: \_\_\_\_\_
7. Category (Outside Delhi ) \_\_\_\_\_  
SC/ST/PH/DEF/KM/GEN)
- (i) Name of the Parents: Father- \_\_\_\_\_  
Mother- \_\_\_\_\_  
E-Mail ID of Parent: \_\_\_\_\_
9. Present address of the Parents:  

<b><u>OFFICE</u></b>	<b><u>RESIDENCE</u></b>
_____	_____
_____	_____
_____	_____
Tel. No _____	Tel.No. _____
Mobile _____	Mobile _____
10. To be filled by the Office: Allotted Room No: \_\_\_\_\_

11. Name and Address of Local Guardians:

**OFFICE**

**RESIDENCE**

I) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel. No \_\_\_\_\_

Tel.No. \_\_\_\_\_

Mobile \_\_\_\_\_

Mobile \_\_\_\_\_

II) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel. No \_\_\_\_\_

Tel.No. \_\_\_\_\_

Mobile \_\_\_\_\_

Mobile \_\_\_\_\_

12. Contact Address in case of Emergency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel. No \_\_\_\_\_

Mobile. \_\_\_\_\_

13. Mobile No. of the Student: \_\_\_\_\_

14. E-mail ID of the Student: \_\_\_\_\_

15. Extra Curricular Activities: \_\_\_\_\_

Date:

Signature of Student



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**MEDICAL INFORMATION FORM  
(TO BE SUBMITTED AT THE TIME OF  
INTERVIEW/ADMISSION) (2022-2023 SESSION)**

Name: \_\_\_\_\_

D/O \_\_\_\_\_

Age \_\_\_\_\_ Sex: Female Married/Single \_\_\_\_\_

R/O \_\_\_\_\_

Name, Address and Phone No. of Doctor \_\_\_\_\_

Have you ever been diagnosed with Diabetes/Hypertension/Sleeping disorder/Anorexia/  
Tuberculosis/Asthma/Epilepsy or any Psychiatric illness?

Yes/No

If yes, provide details of treatment taken and name and address of the doctor, \_\_\_\_\_

Are you HIV Positive? Yes/No

Are you Hepatitis B Positive? Yes/No

Are you suffering from any categories of skin disorder? Yes/No

Are you having any known allergies? Yes/No

If yes, please name it \_\_\_\_\_

Are you suffering from any heart disease? Yes/No

o

Are you having any suffering from any disease which may require sudden emergency treatment? Yes/No

If Yes, please mention the line of treatment it may require. Are you having any known Fear/Phobias? Name it \_\_\_\_\_

Your Menstrual History \_\_\_\_\_ LMP \_\_\_\_\_

Are you pregnant? Yes/No

Other than above any medical information you want to give. (Attach separate sheet) All the mentioned details have to be duly certified by the Qualified Medical Practitioner (Allopathy) Registered by DMC/State Medical Council.

\*Strike whichever is not applicable.



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**MEDICAL FITNESS CERTIFICATE  
(TO BE SUBMITTED AT THE TIME OF  
INTERVIEW/ADMISSION) (2022 - 2023)**

I certify that I have carefully examined Ms./Mrs.\* \_\_\_\_\_

Daughter/Wife of Mr./Mrs.\* \_\_\_\_\_

whose signature is given below. Based on the examination, I certify that she is in good mental and physical health and is free from any physical defects, which may interfere with her studies including the active outdoor duties required of a professional and her residence in the hostel.

Visible Mark of Identification: \_\_\_\_\_

Blood Group: \_\_\_\_\_

Signature of the candidate: \_\_\_\_\_

Place:

Date:

Name & Signature of the Medical  
Officer with Seal and Registration Number #

\* Strike whichever is not applicable.

# To be signed by a Registered Medical Practitioner holding a degree not below that of M.B.B.S



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**CERTIFICATE FOR AVAILING ADMISSION AGAINST  
PHYSICALLY HANDICAPPED QUOTA  
(TO BE SUBMITTED AT THE TIME OF INTERVIEW  
/ADMISSION)**

Certified that Ms./Mrs. \_\_\_\_\_  
Daughter / Wife of Mr/Mrs. \_\_\_\_\_ is  
physically handicapped due to \_\_\_\_\_ and she is fit for undergoing the  
course(s) \_\_\_\_\_ at Indira Gandhi Delhi Technical  
University for Women, Delhi and can be a hostel resident.

(Office Seal)

Name & Signature  
of The Officer In-  
charge  
Vocational Rehabilitation Centre

For Physically Handicapped 9, 10, 11 Karkardooma,  
Vikas Marg Delhi-110092

Date:



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**UNDERTAKING**

I.....,D/O..... student  
of.....R/O.....  
.....

..... Hereby undertake that:

1. I undertake to abide by the IGDTUW Hostel Rules and Regulations along with changes, if any, incorporated at a later stage.
2. I shall strictly maintain discipline during my stay at the hostel and follow all the guidelines issued from time to time by the Hostel authorities failing which my admission to the hostel may be terminated.
3. I undertake to offer my full support to the hostel authorities during my stay at the hostel.
4. I understand that admission to the hostel is not a matter of right and I hereby undertake to vacate the hostel immediately if circumstances warrant so.
5. In case of any medical emergency the local guardian would immediately come to the hostel and take care of my ward and all medical expenses shall be borne by me or my local guardian.

Signature of Father/Mother

Signature of the student