



Maharshi Dayanand Saraswati University, Ajmer

Common Application Form (Expression of Intent)

(To be submitted to the Office of the Dean Students' Welfare)

Applying for:

☐ Nachiketa Boys' Hostel ☐ Gargi Girls' Hostel

1. Personal Details

1. Full Name (in CAPITAL letters): _____

2. Father's Name: _____

3. Mother's Name: _____

4. Date of Birth (DD/MM/YYYY): ____ / ____ / ____

5. Gender: ☐ Male ☐ Female

6. Category: ☐ General ☐ SC ☐ ST ☐ OBC ☐ EWS

7. Aadhaar Number : _____

2. Contact Details

1. _____ Permanent _____ Address: _____

2. District: _____ State: _____ PIN: _____

3. Student Mobile No.: _____

4. Parent/Guardian Mobile No.: _____

5. Student Email ID: _____

3. Academic Details

1. Faculty / Department: _____

2. Course / Programme: _____

3. Current Year / Semester: _____

4. Enrollment Number / University Roll No.: _____

5. Mode: ☐ Regular ☐ SFS ☐ Certificate/Diploma

4. Accommodation Details

1. Are you applying for Hostel for the first time? ☐ Yes ☐ No

2. If No, details of earlier hostel stay (Year & Hostel): _____

3. Reason for requiring hostel accommodation: _____

4. Distance of Permanent Residence from Ajmer (approx. km): _____

5. Parent/Guardian Details

1. Name: _____

2. Occupation: _____

3. Address (if different from permanent address):

4. Email ID (if any): _____

6. Documents to be Attached (Self-attested)

- ☐ Recent Passport Size Photograph (2 copies)
- ☐ Admission Slip / Fee Receipt (Current Year)
- ☐ Identity Card / Provisional ID
- ☐ Category Certificate (if applicable)
- ☐ Address Proof (Aadhaar / Ration Card / Voter ID etc.)

7. Declaration by the Student

I hereby declare that the information furnished above is true and correct to the best of my knowledge.

I understand that providing false information may lead to rejection of my application.

Student's Signature: _____ Date: ____ / ____ / ____

8. Recommendation of the Department

This is to certify that Mr./Ms. _____ is a bonafide student of the Department of _____ and is eligible to apply for University Hostel accommodation.

Signature & Stamp of Head: _____ Date: ____ / ____ / ____

9. For Office Use (Dean Students' Welfare Office)

Application Received on: ____ / ____ / ____

Application Number: _____

Remarks (if any): _____

Verified by: _____ Signature: _____