



अभियान्त्रिकी महाविद्यालय, अजमेर ENGINEERING COLLEGE, AJMER

(An Institution of Govt. of Rajasthan)

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HOSTEL FORM

Name of Student Category

Branch Year of Admission

Student e-mail ID Contact No. 1

..... Contact No. 2

Father's Name Occupation

Mother's Name Occupation

Blood Group Chronical Disease (if any)

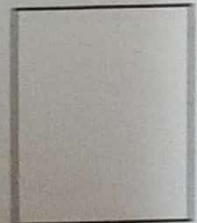
Permanent Address (Communication)
.....
.....
.....
Contact No.

Local Guardian's Name Address
.....
.....
.....
Contact No.

(Signature of Student)

FAMILY / GUARDIAN DETAILS

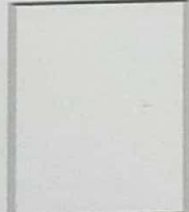
The details of parents / Guardian / Relatives likely to visit and permitted to meet the students Place her out of campus. Communication will be done only on the given contact number and E-mail ID



Name

Relation

Signature



Name

Relation

Signature

I hereby certify that the above person are allowed to meet my daughter and also may take her for outing I have read the hostels rules and regulations carefully and assure the college/hostel administration that my ward and my self will abide by the same strictly.

Details of Father :-
Name

E-mail ID

Contact No. 1.

Contact No. 2.

Details of Mother :-
Name

E-mail ID

Contact No. 1.

Contact No. 2.

(Signature of Parent/Guardian)



Engineering College, Ajmer

(An Institute of Govt. of Rajasthan under Society Act)

www.ecajmer.ac.in

Tel No. 0145 - 2971024

email:hostel@ecajmer.ac.in

Girls Hostel

Undertaking by the Hosteller

I..... aged.....years, daughter ofresiding
at.....seeking admission intoprogram at
ECA hereby undertakes that

- I have read all the hostel rules and regulations thoroughly and shall abide by them.
- I understand that ragging is a criminal offence and I shall not indulge in the same.
- I shall pay all the hostel dues on time and take care of the hostel property.
- I have no medical condition that would call for immediate attention.
- I understand that the college is located away from the city and the institute has no medical facilities in the campus, hence in case of any kind of medical emergencies my local guardian/parents will immediately attend me.
- I undertake that my parents will attend parents teacher meetings called by the hostel administration from time to time.
- I am aware that I can be expelled from the hostel if at any time I am found in possession or in custody of including but not limited to any objectionable or sexually explicit item or arms or rods, chains, swords, knives, sticks, etc or in possession or custody of drugs alcohol or psychotropic substances or found to have consumed any of the above within the premises or in the precincts of the institute or hostel.
- I undertake to keep the institute informed at all times if I am afflicted with any communicable disease.
- I am aware of the fact that if there is requirement the hostel administration can convert triple seater rooms into four seater rooms.

Name and Signature of the Student



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Girls Hostel

Undertaking by the Parent/Guardian

I..... aged.....years, Parent/guardian of
.....residing at.....seeking admission into
.....program at ECA hereby undertakes that

- I have read all the hostel rules and regulations thoroughly and shall abide by them.
- I understand that ragging is a criminal offence and I shall not indulge in the same.
- I shall pay all the hostel dues of my ward on time.
- My ward has no medical condition that would call for immediate attention.
- I understand that the college is located away from the city and the institute has no medical facilities in the campus, hence in case of any kind of medical emergencies I/ local guardian will immediately attend the child.
- I undertake that I shall attend parents teacher meetings called by the hostel administration from time to time.
- I am aware that my ward can be expelled from the hostel if at any time she is found in possession or in custody of including but not limited to any objectionable or sexually explicit item or arms or rods, chains, swords, knives, sticks, etc or in possession or custody of drugs alcohol or psychotropic substances or found to have consumed any of the above within the premises or in the precincts of the institute or hostel.
- I undertake to keep the institute informed at all times if my ward is afflicted with any communicable disease.
- I am aware of the fact that if there is requirement the hostel administration can convert triple seater rooms into four seater rooms.

Name and Signature of the
Parent/Guardian with Phone Number