

## AA COMPUTER COLLEGE

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## **HOSTEL ADMISSION FORM**

Paste Photograph Here

|                     | Personal Information           |                               |
|---------------------|--------------------------------|-------------------------------|
| Name: _             |                                |                               |
| (Block Letters)     |                                |                               |
| (Block Letters)     |                                |                               |
|                     | Mobile No:                     |                               |
| C.N.I.C No:         |                                | (Attach copy)                 |
|                     | Educational Information        |                               |
| Roll No:            | Program: Semester: _           |                               |
| Reg No:             | Departmen                      | t:                            |
| University _        |                                | (Attach Student ID Card Copy) |
|                     | Residential Address            |                               |
| Residential: _      |                                |                               |
| Phone (Home):_      | Mobile #                       |                               |
| D.                  |                                |                               |
| Emergency 1:        | Father/Guardian                |                               |
| Name:               |                                |                               |
|                     | Telephone No                   |                               |
| Address:            |                                |                               |
| <b>Emergency 2:</b> | Next of Kin/Family Member/Frie | nd                            |
| Name:               |                                |                               |
| Mobile No           | Telephone No                   |                               |
| Address:            |                                |                               |

## University Advisor

| recor                   | verified that the mmended for he ations. |   |                               |                                      |                               |  |                         |                                  |                              |                                |                         | _                       |                             |                    |         |          |
|-------------------------|--|---|-------------------------------|--------------------------------------|-------------------------------|--|-------------------------|----------------------------------|------------------------------|--------------------------------|-------------------------|-------------------------|-----------------------------|--------------------|---------|----------|
| 1.                      | Date of Admi                             | ssion   |                               |                                      | _ 2                           | 2.   | Ex                      | tensi                            | on if a                      | ny:                            |                         |                         |                             |                    |         |          |
| 3.                      |  |   |                               |                                      | 1.                            | Date of Completion:  |                         |                                  |                              |                                |                         |                         |                             |                    |         |          |
|                         |  |   |                               |                                      |                               |  |                         |                                  |                              | Signat                         | ture (                  | of De                   | partr                       | nent C             | Concern | _<br>1S  |
|                         |  |   | I                             | Parent's                             | Guar                          | rdiai  | n Ce                    | rtifi                            | cate                         |                                |                         |                         |                             |                    |         |          |
| AA C<br>stay i<br>hoste | ./Ms                                     | with my patter College iscipline. I                       | ermissi<br>e and w<br>further | on and un<br>ill accept<br>undertake | ndertak<br>all dec<br>that he | e that<br>cision<br>e who  | t I wi<br>of the<br>has | ll be<br>ne A <i>l</i><br>furnis | respon<br>A Comp<br>shed the | sible fo<br>outer C<br>e above | or his<br>olleg<br>unde | good<br>e aut<br>ertaki | l beha<br>horition<br>ng sh | avior d<br>es in m | uring h | is<br>of |
|                         |  |   |                               |                                      |                               |  |                         |                                  |                              | Sig                            | gnatı                   | ire o                   | f Pare                      | ent's C            | Guardia | n        |
| C.                      | N.I.C No:                                |   |                               | -                                    |                               |  |                         |                                  |                              |                                | -                       |                         | (Atta                       | ch copy            | y)      |          |
|                         |  |   |                               | For                                  | Host                          | el U   | se C                    | nly                              |                              |                                |                         |                         |                             |                    |         |          |
| Allotted Hostel Name:   |  | Allotted Room No.   |                               |                                      |                               |  |                         |                                  |                              |                                |                         |                         |                             |                    |         |          |
| Ward                    | len's Remarks: _                         |   |                               |                                      |                               |  |                         |                                  |                              |                                |                         |                         |                             |                    |         |          |
| Telep                   | phone Verification                       | on from G   | uardiar                       | n:                                   |                               |  |                         |                                  |                              |                                |                         |                         |                             |                    |         |          |
|                         |  |   |                               | Fo                                   | or Offic                      | ce Us  | se On                   | ly                               |                              |                                |                         |                         |                             |                    |         |          |
| Accounts Section        |  |   | Authority                     |                                      |                               |  | Warden/Hostel Incharge  |                                  |                              |                                |                         | 7                       |                             |                    |         |          |
| Received Rs Date        |  | Hostel Accommodation<br>Recommended /<br>Not recommended. |                               |                                      | com                           | Verified that all necessary documents completed. Allotted Room No. |                         |                                  |                              |                                |                         |                         |                             |                    |         |          |
| Superintendent Provost  |  | Provost   |                               |                                      |                               | Wai  | Warden/Incharge         |                                  |                              |                                |                         |                         |                             |                    |         |          |

## Undertaking For University Hostel Accommodation

| Ι  | S/0, Studying at the Department of,   |
|--|---|
| Semester   | at, am applying for hostel accommodation at AA  |
| Computer College.  | I solemnly undertake that I will strictly follow all the college hostel rules during my stay  |
| and will accept and  | abide by all decisions of the university authorities in matter of hostel administration and   |
| -  | e my responsibility to pay any and all the hostel dues on time.   |
| I UNDE.  | RSTAND AND AGREE WITH THE HOSTEL RULES AS MENTIONED BELOW.  |
| 2. Students must 3. Students must 4. Students are n 5. Students are n 6. Students are o 7. Any complaint 8. Students shou 9. Strict silence s 10. No outsiders a 11. Hostel Service 12. Use/possessio 13. Loud music dis 14. Any kind of Wo 15. Shouting and h 16. There should b 17. In case of leavi 18. Hostel security 19. All the record 20. The gate of th | keep the Rooms clean. Defacing walls, equipment, furniture etc., is strictly prohibited. turn off all the electrical equipment & lights before leaving their rooms. ot allowed to organize any group activities in their room. ot allowed to use electric stoves, heaters etc in rooms. inly allowed to use DC Air Cooler in summer with additional charges. s regarding electric equipment, plumbing etc., is required to be entered in the 'Complaints Book'. Id not enter rooms of other students without permission. hall be observed in hostel from 10.00 pm to 7.00 am. re allowed for night stay due to severe situation of the territory. providers will not be responsible in case of anything stolen. in of drugs is strictly prohibited. sturbance is not allowed. eapons are not allowed in any case. nooting is not allowed for creating disturbance. be no community complains and dispute against students. ing the hostel inform one month before the eviction. v will be return after one month of leaving date. of students including name, room no and address etc will be given to police station as they demand. be hostel shall be closed at 10 P.M. No student is allowed to leave or enter the hostel after 10:00 P.M.— be strictly followed. |
| Computer Colle   | nd that in the case of noncompliance on my part regarding my hostel rules, the AA ge authorities have the right to take any legal action against me which might also include A Computer College Hostel.   |
|  | Signature:  |
|  | Student Name:   |

CNIC#: \_\_\_\_\_

Date#:\_\_\_\_\_