



**HOSTEL ADMISSION FORM**  
**SHAHEED BENAZIR BHUTTO WOMEN UNIVERSITY, PESHAWAR**

**Session 2022-26**

Passport size  
photo

1. Name of applicant \_\_\_\_\_
2. Father's/ Guardian Name \_\_\_\_\_
3. Program: BS/Master/Diploma/M.phil: \_\_\_\_\_ 4. Department: \_\_\_\_\_
5. Date of Birth \_\_\_\_\_ 6. Permanent House Address \_\_\_\_\_
7. Emergency Address \_\_\_\_\_
8. Phone Number at which Father/Guardian can be contacted \_\_\_\_\_
9. College or University last attended \_\_\_\_\_
10. College or University Hostel last resided in \_\_\_\_\_

\_\_\_\_\_  
**Applicant Signature**

**(FOR ACCOUNT OFFICIAL USE ONLY)**

Verified that Rs. \_\_\_\_\_ deposited in university account vide receipt No \_\_\_\_\_  
Dated \_\_\_\_\_ and Rs. \_\_\_\_\_ deposited in university hostel account vide receipt  
No \_\_\_\_\_ Dated \_\_\_\_\_ by Ms/Mrs. \_\_\_\_\_  
as admission fee for hostel.

**Accountant:**

**(FOR HOSTEL OFFICIAL USE ONLY)**

Registration #. \_\_\_\_\_ Block # \_\_\_\_\_ Room# allotted \_\_\_\_\_ Joining date \_\_\_\_\_

**Signature of Resident Warden**

**Provost/Dy. Provost  
Signature and Seal**

**(Undertaking/Affidavit)**

**(Print this undertaking on Stamp Paper)**

I \_\_\_\_\_ certified that the above mentioned information is correct to the best of my knowledge and I shall be responsible and answerable for any wrong information. The Administration is facilitating the offspring to stay in hostel as guest and now willingly applying for hostel admission, I, also certifying that my daughter/sister/wife \_\_\_\_\_ is applying for Chagharmatti Hostel accommodation of the Shaheed Benazir Bhutto Women University Peshawar with my permission and shall not demand to be shifted in main campus hostel. I, undertake that I will be responsible for her good behavior during her stay in the University/Hostel and will accept all decisions of the University Authorities in matter of Hostel Admission and discipline. She will not take part in any kind of strike. I will be responsible to pay all the Hostel dues, if any, against my daughter/sister/wife.

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

\_\_\_\_\_  
**Father/Guardian Signature  
Applicant Signature**

## **HOSTEL RULES & REGULATIONS**

1. Residents shall abide by the hostel regulation. Violation of any shall render a resident liable to fine or expulsion from the hostel or to such other action, as the management may consider necessary.
2. Seats shall be awarded on merit bases. Preference will be given to students belonging to far-flung areas.
3. Students who have joined the university first time shall apply for a seat in the hostel to the Provost, on prescribed form obtainable from her office on payment of Rs. 100/-. The renewal form also obtain from Provost Office on payment of Rs. 100/-.
4. All students seeking admission in the hostel shall submit an affidavit/undertaking to abide by these regulations.
5. Mess Fee shall be submitted by 5<sup>th</sup> of each month, failing which fine@Rs.50 per day shall be imposed. If a resident student fails to clear the dues by the 15<sup>th</sup> of the month, her serving of the food shall be stopped and she will also render herself to expulsion from the hostel.
6. An application shall be submitted one day prior to leaving for home and the requisite exit entry shall be made in register. Date of re-joining the hostel shall be mentioned to avoid inconvenience on part of both the Mess Management and the students. Applications should be submitted one day before the departure. Moreover, entry at the time of departure and arrival is mandatory.
7. Guests shall be allowed only for one day after the prior approval from the undersigned and payment @Rs. 500/- per day in advance shall be made in case of approval.
8. Residents are required to be within the hostel premises at sharp 4:00 pm
9. Study hours shall start with the closing of the hostel gates. During study hours every students is required to study in perfect silence and avoid disturbance to other students and presence of the students in their room is mandatory.
10. Day scholars are not allowed within the hostel premises unless permission is granted by the Hostel Administration; otherwise, they shall be fined.
11. No resident shall be allowed to place any notice or other material in writing anywhere in the hostel without the permission of the Warden. Violation of this rule punishable with fine or with expulsion from the hostel.
12. Accommodation shall be given for a maximum of four years to the students of all Bachelor's Degree Program, two years to the students of all Master's Degree Programs and maximum one year for Bachelors and Masters Project, subject to availability of seats. Annual renewal shall be on the basis of good behavior and satisfactory report.
13. All residents shall produce a clearance certificate from the Hostel Warden/Provost before applying for a degree.
14. Hostel furniture and mess utensils shall not be removed by the residents from their designated places. Violators shall be liable to fine @Rs.30/- per head per item.
15. Keeping and use of air cooler, electric heater and other electrical appliances are prohibited in the hostel. In case of rule violation, Rs. 1000/- shall be fined.
16. Residents damaging or destroying any hostel property shall be required to make good the loss and shall also be liable to a fine.
17. Hostel administration shall not be responsible for the lost of valuable accessories of the residents.
18. Residents shall bring any complaints against the hostel employees to the notice of the Assistant Warden and shall not deal directly with them.
19. Room allotment shall not be changed.
20. Each hostel shall have a team of monitors appointed by the Provost on the recommendation of Senior Warden/Resident Warden. Each monitor will be incharge of a wing in the hostel, who shall assist the hostel management in the maintenance of the discipline, and ensuring cleanliness in her wing.

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**Applicant Signature**



SHAHEED BENAZIR BHUTTO WOMEN UNIVERSITY PESHAWAR  
PHONE .NO: 091-9224800/9224705

DATE: \_\_\_\_\_

**MEDICAL FITNESS CERTIFICATE**

**Students must have the section overleaf signed by a medical Practitioner**

I, \_\_\_\_\_ (name in full) D/O \_\_\_\_\_

Date of Birth \_\_\_\_\_ student of department of \_\_\_\_\_  
hereby declare that I have never suffered, nor suffer currently, from any of the following, which I understand may create, or lead to, a dangerous situation during my studies/stay in the hostel.

Identification marks \_\_\_\_\_

Blood group and RH factor of the applicant.

(a) Blood Group \_\_\_\_\_ (b) RH factor \_\_\_\_\_

**Personal health history:** Do you have a present or past history of: (check all that apply)

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> ADD/ADHD          | <input type="checkbox"/> Depression           | <input type="checkbox"/> Hernia                  | <input type="checkbox"/> Sickle Cell Trait/Anemia |
| <input type="checkbox"/> Anemia            | <input type="checkbox"/> Diabetes             | <input type="checkbox"/> High cholesterol        | <input type="checkbox"/> Sinus trouble            |
| <input type="checkbox"/> Arthritis         | <input type="checkbox"/> Disability/handicap  | <input type="checkbox"/> HIV disease             | <input type="checkbox"/> Skin problems (chronic)  |
| <input type="checkbox"/> Anxiety           | <input type="checkbox"/> Drug abuse           | <input type="checkbox"/> Hypertension            | <input type="checkbox"/> Sleep problems           |
| <input type="checkbox"/> Asthma            | <input type="checkbox"/> Ear infections       | <input type="checkbox"/> Hypoglycemia            | <input type="checkbox"/> Surgery                  |
| <input type="checkbox"/> Back problems     | <input type="checkbox"/> Eating disorder      | <input type="checkbox"/> Indigestion             | <input type="checkbox"/> Thyroid disease          |
| <input type="checkbox"/> Bleeding disorder | <input type="checkbox"/> Eye disease          | <input type="checkbox"/> Joint disease/injury    | <input type="checkbox"/> Tuberculosis             |
| <input type="checkbox"/> Blood transfusion | <input type="checkbox"/> Fainting spell       | <input type="checkbox"/> Low blood pressure      | <input type="checkbox"/> Ulcer                    |
| <input type="checkbox"/> Broken bone(s)    | <input type="checkbox"/> Gallbladder trouble  | <input type="checkbox"/> Measles (rubella)       | <input type="checkbox"/> Urinary Tract Infection  |
| <input type="checkbox"/> Cancer            | <input type="checkbox"/> Gastritis/reflux     | <input type="checkbox"/> Meningitis              | <input type="checkbox"/> other (list) _____       |
| <input type="checkbox"/> Chicken pox       | <input type="checkbox"/> GYN problems         | <input type="checkbox"/> Migraine headache       | _____   |
| <input type="checkbox"/> Chronic diarrhea  | <input type="checkbox"/> Hay fever/allergies  | <input type="checkbox"/> Mumps                   | _____   |
| <input type="checkbox"/> Constipation      | <input type="checkbox"/> Head injury          | <input type="checkbox"/> Paralysis               | _____   |
| <input type="checkbox"/> Heart problems    | <input type="checkbox"/> Headache (recurrent) | <input type="checkbox"/> Pneumonia               | _____   |
|  | <input type="checkbox"/> Heart murmur         | <input type="checkbox"/> Pregnancy               | _____   |
|  | <input type="checkbox"/> Hepatitis/Jaundice   | <input type="checkbox"/> Rubella (3-day measles) | _____   |

**I have none of the above**

I have answered all questions from my physician, Dr. \_\_\_\_\_,  
honestly and truthfully, and I was forthcoming with Dr. \_\_\_\_\_ regarding any  
physical or mental condition that would have a bearing upon my Physical or Mental Assessment.

**Signature of the Student:** \_\_\_\_\_

**CERTIFICATE OF MEDICAL FITNESS**

I Certify that:

I have personally examined the applicant, Ms/Mrs. \_\_\_\_\_ 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.

Physician's name: \_\_\_\_\_

Physician's stamp & signature: \_\_\_\_\_

Clinic Address & Phone Number: \_\_\_\_\_

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