**HOSTEL ADMISSION FORM**

**Shaheed Benazir Bhutto Women University, Peshawar**

**Degree Title/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Session \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| |  | | --- | | **Passport size photo** |   **Applicant Information**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CNIC No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_  Marital Status: Single/Married/Divorced  Contact No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Domicile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Bank Account No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Disability (if any, Attach Certificate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Emergency Address/ Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Father/Guardian/ Spouse Information**  **Father/Guardian/Spouse (Tick any One)**  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CNIC No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Monthly Income in Rupees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (attach Income Certificate/Pay Slip/Electricity Bill)  Status: Alive/Decease  Contact No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Family Information**  Total No of Family Members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (attach Form-B)  Total No. of Dependent Family Members: \_\_\_\_\_\_\_  Family member studying: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Total No. of Earning Hands: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Applicant’s Educational Record (attach testimonials):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Level of Study** | **Institution Name** | **Obtained/Total Marks** | **%/Grade/CGPA** |
| **M.Phill** |  |  |  |
| **Master** |  |  |  |
| **Bachelors/BS** |  |  |  |
| **Intermediate** |  |  |  |
| **Matriculation** |  |  |  |

**(FOR OFFICIAL USE ONLY)**

Admission Rs. \_\_\_\_\_\_\_\_\_\_\_\_ A/C No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Admission Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_ A/C No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated \_\_\_\_\_\_\_\_\_ Cash Book No. \_\_\_\_\_\_\_\_\_\_Page No. \_\_\_\_\_\_\_\_\_\_\_\_Hostel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Floor No. \_\_\_\_\_\_\_\_\_\_Room No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Accountant/Clerk** **Signature**

**Admission/Scrutiny Panel:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Panel Members** | **Name/Designation** | **Recommended/ Waiting/Not Recommended** | **Signatures** |
| Focal Person Hassan Foundation |  |  |  |
| Focal Person/BS Coordinator SBBWUP |  |  |  |
| Provost Office Member |  |  |  |
| Hostel Office Member |  |  |  |
| Senior Faculty SBBWUP |  |  |  |

**Provost/Dy. Provost**

**VISITOR FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| |  | | --- | | Photo | | Photo | | Photo | | Photo |  1. Name of Visitor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CNIC No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Name of Visitor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CNIC No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Name of Visitor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CNIC No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Name of Visitor (Female): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CNIC No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Note:**   * Only Mentioned Visitors (including females) can visit to hostel to meet their offspring. * Only Mentioned Visitors can pick & drop their offspring by showing original CNIC. * Visit to doctor/hospital shall allow only in emergency. Otherwise, only said visit is allowed   with mentioned visitors only   * For trips, tours or any other visit to outside of university shall require prior parent and * HoD written permission duly approved by Vice Chancellor * Shopping is not allowed |

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

**Parent/Guardian Signature Applicant Signature**

**Parent Remarks related to visitors (if any):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Parent/Guardian Signature Warden Signature**

**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

Blood group and RH factor of the applicant.

1. Blood Group \_\_\_\_\_\_\_\_\_\_ (b) RH factor\_\_\_\_\_\_\_\_\_\_ (c) Identification marks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Depression Hernia Sickle Cell Trait/Anemia ADD/ADHD Diabetes High cholesterol Sinus trouble Disability/handicap HIV disease Drug abuse

Skin problems (chronic) Anemia Hypertension Sleep problems Arthritis Ear infections Hypoglycemia Anxiety Eating disorder Indigestion Surgery Asthma Eye disease Joint disease/injury

Back problems Fainting spell Low blood pressure Thyroid disease Measles (rubella)

Tuberculosis Bleeding disorder Gallbladder trouble Meningitis Ulcer

Blood transfusion Gastritis/reflux Migraine headache Urinary Tract Infection

Broken bone(s) GYN problems Cancer Hay fever/allergiesMumps

Chicken pox Head injury Paralysis Chronic diarrhea Headache (recurrent)

Pneumonia Constipation Heart murmur Pregnancy

Heart problems Hepatitis/Jaundice Rubella (3-day measles)

Other (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

**CERTIFICATE OF MEDICAL FITNESS BY DOCTOR/PHYSICIAN**

It is to 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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. Renewal fee shall be submitted till the displayed date by the Administration, otherwise, Rs. 50/- per day shall be fined.
6. No concession in Admission and Renewal fee is admissible.
7. In case of Hostel admission cancellation fee shall refund within 07 days 85% and within 15 days 50% after joining the hostel. No refund after 15 days is admissible.
8. Applicant’s bank account is mandatory.
9. An application shall be submitted one day prior to leaving for home and the requisite exit entry shall be made in register. Applications should be submitted one day before the departure. Moreover, entry at the time of departure and arrival is mandatory.
10. Applicant can depart from hostel only with mentioned visitors.
11. In case of any emergency, Administration shall only take applicant to hospital, other necessities shall responsibility of parents.
12. 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.
13. Residents are required to be within the hostel premises at sharp 4:00 pm
14. 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.
15. Day scholars are not allowed within the hostel premises unless the Hostel Administration grants permission; otherwise, they shall be fined.
16. 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.
17. 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.
18. All residents shall produce a clearance certificate from the Hostel Warden/Provost before applying for a degree.
19. Hostel furniture and mess utensils shall not be removed by the residents from their designated places. Violators shall be liable to fine.
20. 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.
21. Residents damaging or destroying any hostel property shall be required to make good the loss and shall also be liable to a fine.
22. Hostel administration shall not be responsible for the lost of valuable accessories of the residents.
23. Residents shall bring any complaints against the hostel employees to the notice of the Assistant Warden and shall not deal directly with them.
24. Room allotment shall not be changed.

**Applicant Signature**

**(Undertaking/Affidavit)**

**This portion will be paste on stamp paper**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certifying that my daughter/sister/wife \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is applying for hostel accommodation of the Shaheed Benazir Bhutto Women University Peshawar with my permission and I undertake that I will be responsible for her good behavior during her stay in the University/Hostel and will accept all decisions, Rules & Regulations of the hostel of the University Authorities in matter of Hostel Admission and discipline. I will be responsible to pay all the Hostel dues/fine(s), if any, against my daughter/sister/wife.

It is confirmed that the mentioned information is correct. If the given information finds incorrect at any stage, Administration reserves right to cancel my hostel admission and I shall liable to pay fine of Rs. 10,000/-

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

**Father/Guardian Signature Applicant Signature**