

(For Office Use)

Form No.

Fees Receipt No.



Self attested
Recent
Applicant's
Photograph

**OFFICE OF THE PROVOST,
JAMIA SCHOOLS HOSTEL
JAMIA MILLIA ISLAMIA**

Maulana Mohammed Ali Jauhar Marg, New Delhi - 110025

Session (2026-27)

Website: www.jmi.ac.in

APPLICATION FORM FOR FRESH ADMISSION IN JAMIA SCHOOLS HOSTEL

Instructions:

1. Read the Hostel Guidelines carefully before filling the form.
2. All the entries are to be filled by the candidate in English.
3. Application form should be accompanied with photographs and self attested copies of the following certificates:
 - i. Copy of Fee receipt of admission to the school.
 - ii. Photocopy of mark-sheet of last examination passed.
 - iii. Photocopy of Valid ID proof of Local Guardian & Parents.
 - iv. Documents supporting reserved category (Sports, Economically Weaker Section, Distance, PWD & NRI) if applicable.
 - v. Self-Health Declaration Certificate.
4. The admission will be valid for current academic session only.
5. The incomplete form, without the above documents, will be rejected and incorrect information shall lead to cancellation of the admission in the Hostel at any time.

1. Name of the applicant
2. Date of Birth: Day..... Month..... Year.....
3. Class..... Section Student's ID No.....
4. Name of the School admitted: Jamia Sr. Sec. School SAH Sr. Sec. School Jamia Middle School
5. Category: General OBC SC ST PH NRI/ Foreign National
6. Home town..... District..... State.....
7. Last examination passed..... Division..... Aggregate Marks(%)
8. Father's Name..... Mobile . No. E-mail
9. Mother's Name..... Mobile No. E-mail

Acknowledgement

Form No..... Date..... Received from Mr.....Class.....

Application Form for Jamia Schools Hostel.

Signature of Dealing Assistant



10. Father's occupation..... Father's Monthly income.....
11. Permanent postal address.....

 State..... Pin..... Phone No (M).....Land Line No.....
12. Name of the Local Guardian (other than students).....
 Phone No (M)..... E-Mail ID.....
13. Relationship with the applicant.....
14. Occupation of the Local Guardian.....
15. Postal address of the Local Guardian.....
Pin No.....Phone No. (M).....
16. Is any of applicant's brother/sister/relative, studying in Jamia Millia Islamia?
 (if yes, please give details) NameClass.....
 Mobile No.....
 Department/Centre/School.....
 Mailing Address
17. Achievement in co-curricular activities.....
18. Has the applicant ever been a member of the Jamia School Hostel?
 If yes: Year..... Name of Boarding.....
19. Has any disciplinary action ever been taken against the applicant?
 If Yes: Year..... Nature of action.....
20. Is there any criminal case pending against the applicant? If yes give details:

Disclaimer: The hostel authorities shall have no liability towards the hostel resident when he is outside the hostel campus. They shall not be held responsible if the resident leaves the hostel without prior permission or information or does not remain available during attendance/roll call at night in the hostel.

FOR OFFICE USE ONLY

Hostel allotted:

1. Mahmood Manzil () 2. Aslam Manzil () 3. Jauhar Manzil () 4. Iqbal Manzil ()
 5. Saad Manzil () 6. Shafiq Manzil ()

Date.....

PROVOST
 (Jamia Schools Hostel)

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DECLARATION BY THE APPLICANT

I, hereby declare that all the entries made in this Application Form are correct. I, also undertake to abide by the Rules and Regulations, Norms/Guidelines of the Schools Hostel. Violation of any of these, as I, understands shall be liable to punishment/expulsion from the Hostel.

Place.....

Date.....

Signature of Applicant

UNDERTAKING BY LOCAL GUARDIAN

I, Mr./Ms.....do hereby agree to be the local guardian of
Mr..... Class..... Section..... of Jamia Schools

1. I will take him from the hostel during time of illness and distress or as and when may be asked by the hostel administration. The hostel administration will not be accountable to look into the details of his hospitalization and treatment etc.
2. I undertake that I will be available as and when hostel authorities require me in case of emergency.
3. I undertake to duly sign his night leave application and late night Performa as per hostel rules.
4. I hereby declare that the address and contact numbers given above in admission form is true to the best of my knowledge and belief, and may be cross verified by hostel authorities.
5. I am fully aware and understand that if I fail to fulfil my above mentioned responsibilities, the admission of my ward in the hostel will be cancelled.

(Signature of Local Guardian)

Place..... Date..... Full Name.....

Self attested
Recent
Local Guardian's
Photograph

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JAMIA SCHOOLS HOSTEL
JAMIA MILLIA ISLAMIA
Maulana Mohammed Ali Jauhar Marg, New Delhi – 110025**

UNDERTAKING BY PARENTS

I, Mr./Ms..... take full responsibility of behaviour and conduct of my ward. I agree to pay hostel dues as per schedule given in the hostel guidelines. I shall be available to the concerned Warden and Provost necessarily at least once in the three months and shall be in touch with the hostel authorities, whenever required. Moreover, my ward will abide by the following hostel rules:

1. The boarder will not be allowed to remain outside the hostel after the 9.00 pm (summer)/ 8.30 pm (winter). Any Boarder found outside hostel after the said time will be punished.
2. The boarder has to attend the School assembly and is not allowed to visit their hostel during School hours.
3. The boarder has to strictly follow the schedule of various co-curricular activities of the hostel.
4. The boarders have to report to the hostel on the first day of the reopening of the School after every summer/ winter vacation.
5. Boarder who failed / obtain **less than 60% of marks** in annual exam will have to vacate their hostel seat.
6. Boarder detained in exam due to shortage of attendance will have to vacate the hostel immediately.
7. Boarder whose **attendance in the school is less than 75%** will have to vacate the hostel immediately.
8. Boarder requires prior permission of the Provost/Wardens to visit their home towns except during summer and winter vacation.
9. No boarder will be allowed to stay in hostels during summer and winter vacations.
10. Boarders are **not allowed to keep smart phone/tablet/note pad/laptop** with them in the hostel. If found using any of these gazettes by hostel staff/wardens a fine of Rs. 500/- will be imposed on defaulters and the gazettes will be confiscated and shall be deposited in the Office of Chief Proctor.
11. If a boarder is found guilty of violating any of the Hostel Guidelines and Rules, Provost /Wardens will have full authority to punish him as per the guidelines of Jamia School Hostels/Schools/University rules and regulations. The punishment may be extended up to termination of allotment of hostel accommodation and even cancelation of admission from the School.

Full Name & Signature of the Parents



Self attested
Recent
Parent's Photograph



SELF-HEALTH DECLARATION CERTIFICATE

(To be submitted by all Hostel Residents)

Personal Details

Full Name: Enrollment Number:
School Name: Class:
Hostel Name: Room Number (if allotted):
Date of Birth: Contact Number:
Emergency Contact Person (Name & Relation):
Emergency Contact Number:

SELF-DECLARATION

I, the undersigned, hereby declare the following in connection with my current health status:

1. I am not suffering from any infectious or communicable disease that may pose a health risk to others.
2. I do not have any known physical or psychological condition that may require urgent medical support or regular supervision. (If any condition exists, details are provided separately along with medical reports.)
3. I am not the under any current medical treatment except for minor/common ailments.
4. I will immediately inform the hostel authority in case of any deterioration in my health condition or the onset of any illness.
5. I will comply with the health and hygiene norms laid down by the university and the hostel administration.
6. I understand that withholding or misrepresenting health information may result in disciplinary action or revocation of hostel accommodation.

7. **UNDERTAKING**

I undertake full responsibility for the accuracy of the above information. I also authorize. the university to take appropriate measures, including medical examination and isolation, if required in the interest of public health.

Date:

Place:

Signature of the Resident

