



FORM NO.

# Shriram Bharatiya Kala Kendra

## COLLEGE OF MUSIC & DANCE

1, Copernicus Marg, New Delhi 110 001

Tel: 43503333 / 23386428 / 29

E-mail : sbkk@thekendra.com

Website: www.sbkk.in

### APPLICATION FORM FOR HOSTEL ADMISSION

Year \_\_\_\_\_

A RECENT  
PASSPORT-SIZE  
PHOTOGRAPH

1. Name of Student (in block letters) \_\_\_\_\_
2. Mobile No. / Contact No. \_\_\_\_\_ Email ID \_\_\_\_\_
3. Date of birth \_\_\_\_\_ Passport No. / Aadhaar No. / Voter ID No. \_\_\_\_\_
4. Gender: Male/Female \_\_\_\_\_ Nationality \_\_\_\_\_ Marital Status \_\_\_\_\_
5. Father's Name \_\_\_\_\_ Occupation/Income \_\_\_\_\_  
Mobile No. / Contact No. \_\_\_\_\_ Email ID \_\_\_\_\_
6. Mother's Name \_\_\_\_\_ Occupation/Income \_\_\_\_\_  
Mobile No. / Contact No. \_\_\_\_\_ Email ID \_\_\_\_\_
7. Residential address \_\_\_\_\_  
\_\_\_\_\_ Pin \_\_\_\_\_
8. Local Guardian's Name \_\_\_\_\_ Relationship with Student \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Pin \_\_\_\_\_  
Mobile No. / Contact No. \_\_\_\_\_ Email ID \_\_\_\_\_
9. Name of School/College last attended \_\_\_\_\_
10. Main Subject and Course admitted to \_\_\_\_\_ Date of Admission \_\_\_\_\_
11. Name of Guru \_\_\_\_\_
12. Sponsor, if any \_\_\_\_\_

*Any change in the above must be intimated to the Principal / Warden immediately.*

#### DECLARATION BY THE STUDENT

I declare that all the statements made above are correct. I have also read the hostel prospectus and promise to abide by the rules stated therein. I shall not plead ignorance of further regulations that may be noticed from time to time.

I also submit in writing that during my stay in the hostel I shall perform all the official duties including participation in the Kendra's stage productions as and when required.

Signature of Student

#### DECLARATION BY PARENT / GUARDIAN

I have read the rules of the hostel and I guarantee that my son / daughter / ward \_\_\_\_\_ will abide by the rules stated therein. I further undertake payment of all dues which may occur against my son / daughter / ward from time to time.

Signature of Guardian

Signature of Parent

**RECENT MEDICAL CERTIFICATE**

This is to certify that I have examined \_\_\_\_\_ on \_\_\_\_\_ and found him / her medically fit for University studies and for stay in the Hostel.

Stamp & Signature of Doctor  
Reg. No.

**VISITOR'S LIST (For Girl Students only)**

Parents must address the Warden for any change in the list given below

1. Name \_\_\_\_\_ Relationship with Student \_\_\_\_\_  
Address \_\_\_\_\_  
Pin \_\_\_\_\_ Mobile No. / Contact No. \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship with Student \_\_\_\_\_  
Address \_\_\_\_\_  
Pin \_\_\_\_\_ Mobile No. / Contact No. \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship with Student \_\_\_\_\_  
Address \_\_\_\_\_  
Pin \_\_\_\_\_ Mobile No. / Contact No. \_\_\_\_\_

**HOMES WHERE STUDENTS MAY APPLY FOR LATE NIGHT OR OVERNIGHT STAY**

1. Name \_\_\_\_\_ Relationship with Student \_\_\_\_\_  
Address \_\_\_\_\_  
Pin \_\_\_\_\_ Mobile No. / Contact No. \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship with Student \_\_\_\_\_  
Address \_\_\_\_\_  
Pin \_\_\_\_\_ Mobile No. / Contact No. \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship with Student \_\_\_\_\_  
Address \_\_\_\_\_  
Pin \_\_\_\_\_ Mobile No. / Contact No. \_\_\_\_\_

I HAVE NO OBJECTION TO MY DAUGHTER / WARD AVAILING OF THE LATE NIGHT/OVER-NIGHT LEAVE PERMISSIBLE ONCE AMONTH.

Signature of Parents

1. The hostel residents must vacate the hostel on or before the last working day before the Summer vacation.
2. The hostel closes for the summer holidays, from 1st June to 30th June. Residents will have to vacate their rooms in the hostel and make their own alternative arrangements (lodging and boarding) elsewhere in case they intend to stay in Delhi.

**I agree to abide by the above mentioned rules.**

Signature of Applicant

**FOR OFFICE USE ONLY**

Warden's Remarks \_\_\_\_\_

Room / Seat allotted \_\_\_\_\_

Signature of Warden  
Date

Signature of Principal  
Date