GOVERNMENT POLYTECHNIC BARH
BOYS' /GIRLS' HOSTEL

HOSTEL FORM

Name of Student:

Name of Guardian:

Date of Birth:

Mobile Number of Student:

Mobile Number of Parents:

Category:

Aadhar No.:

Student Roll No.:

Branch:

Session:

Permanent address

Payment Details:

Sl No.	Payment Date	Reference Number	Amount	Remarks/Signature
1				
2				
3				
4				

Declaration

I (name of student) S/O , hereby declare that I will follow all the rules and regulations of hostel. Any act of indiscipline will be dealt with accordingly.

Signature of Student_____ Signature of Guardian_____

Date:

Hostel Allotment Details (For Office Use only)

Hostel Name: Room Number:

Room Inventory

SL No	ITEMS	QTY	CONDITION	REMARKS

Signature of Floor Incharge/Warden

Signature of Hostel Superintendent

Signature of Principal

DEPARTMENT OF SCIENCE, TECHNOLOGY & TECHNICAL EDUCATION
GOVERNMENT OF BIHAR

GOVERNMENT POLYTECHNIC, BARH

UNDERTAKING BY PARENT / GUARDIAN FOR HOSTEL ALLOTMENT

I, _____(Full Name of Parent/Guardian), Father / Mother / Guardian of _____(Full Name of Student), Roll No: _____, Branch: _____, Semester: _____, do hereby solemnly affirm and undertake the following regarding my ward's accommodation in the Institute Hostel:

1. Adherence to Rules: I ensure that my ward will strictly abide by all the rules, regulations, and code of conduct of the hostel framed by the institute administration and the hostel warden from time to time.

2. Discipline & Expulsion: In the event of any indiscipline, unauthorized absence from the hostel without prior written permission, damage to hostel property, or involvement in anti-social activities/ragging, the institute administration reserves the absolute right to expel my ward from the hostel immediately without any prior notice.

3. Safety & Assets: My ward will use the hostel assets, electricity, and water responsibly. Any damage caused to the hostel property by my ward will be compensated by me in full.

4. Health & Medical Liability: While the institute will provide basic support and call for medical help in emergencies, the institute administration will not be held responsible for any unforeseen medical conditions, accidents, or mishaps occurring during my ward's stay in the hostel or outside the campus.

5. Timings & Security: I have instructed my ward to strictly follow the hostel entry and exit timings. The institute will not be responsible for my ward's safety if they leave the hostel premises without official written permission.

6. Payment of Dues: I undertake to pay all hostel fees, mess charges, and other related dues well within the stipulated timelines framework.

Permanent Address of Parent: _____
_____
_____
_____

Contact Number of Parent (Mobile): _____
Alternative Contact No: _____

Email ID (if any): _____

Date: _____ / _____ / 2026 **Place:** Barh, Patna

_____ _____
Signature of the Student **Signature of Parent / Guardian**