



Graphic Era Institute of Medical Sciences

HOSTEL FORM

Admission no.: _____ Roll No.: _____

Name of Student : _____

Course : _____

Year & Date of Admission : _____

Date of Birth : _____

Father's Name : _____

Mother's Name : _____

Occupation of Father : _____

Correspondence Address : _____

Contact No. (Parent) : _____ Email Id : _____

Contact No. (Student) : _____ Email Id : _____

Declaration by Parent/Guardian

I/we agree that my/our Son/Daughter/Ward _____ having been admitted in Graphic Era Institute of Medical Sciences for MBBS Course.

I Mr. / Mrs. _____ agree to the following terms & conditions:

- That my ward will observe all rules & regulations as per the norms of Graphic Era Institute of Medical Sciences.
- That my Son/Daughter/Ward if found indiscipline/violates the rules, I shall not claim or any kind of refund of money while terminating the child from the Hostel / University.
- That in case of any mishap while taking part in sports, trekking, picnic, local traveling or otherwise an act of God, I shall not hold Graphic Era Institute of Medical Sciences Authority/ Management responsible for any kind of claim and I shall pay all the expenses incurred by authority in treating my child.
- That my Son/Daughter/ward should not be allowed to go to the authorized Local Guardian for night until and unless there is written consent from my side.

Office use only

Fee receipt No. & date _____ Date of allotment _____

Hostel Name _____ Room No. _____

Name & Signature

Parent/Guardian

Candidate

Hostel Warden

Hostel Superintendent



Graphic Era Institute of Medical Sciences

Agreement

At the time of admission on / /2024

Mr. / Mrs. _____ Father / Mother / Guardian of _____

R/o _____

and

The Director / Principal / Admin Officer, Graphic Era Institute of Medical Sciences, 16th Milestone, Chakrata Road, Dehradun, Uttarakhand, on behalf of the Management.

It is agreed that :

That my Son / Daughter / Ward _____ has been admitted in Graphic Era Institute of Medical Sciences, Dehradun, Uttarakhand for the Course MBBS.

I Mr. / Mrs. _____ agree to the following terms and conditions:

1. That my ward will observe all the rules and regulations stated in the prospectus (attached with the agreement).
2. That my Son/ Daughter/ Ward if found in disciplined / violates the college rules/ is medically or mentally unfit, I shall not claim or ask any kind of refund of money while terminating/ removing the child from the University.
3. That in case of any mishap while taking part in sports, trekking, picnic, local traveling or otherwise an act of God, I shall not hold Graphic Era Institute of Medical Sciences Authority/ Management responsible for any kind of claim and I shall pay all the expenses incurred by authority in treating my child.
4. That I shall clear all dues in advance before the commencement of term.
5. That my son/ daughter should not be allowed to go to the authorized local guardian for night until and unless there is written consent from my side.
6. Any damages by my ward to hostel property will be charged according to actual price of item damaged , where the damage cost is more than the caution money, the Hostel will use appropriate means to recover the cost of the damage.
7. My ward will not keep any of the of the following items in the room: candles, boiling rings, pressing irons, stove, electric stove, electric cooker, halogen lamps and other electrical appliances. Otherwise authority can seize the items, "an item seized by the hostel management is not returnable".
8. My ward will not consume alcohol or drug or smoke in hostel premises, doing could lead to Termination of Residency without refunds.
9. I understand that hostel authority shall not be responsible for any losses or damages to my ward's personal belongings in the hostel.
10. My ward will keep his/ her valuables inside the wardrobes during the holidays, so that the administration can be used the room for any emergency.
11. Hostel authorities shall not be held responsible in case of my ward found to be suffering from Covid-19 while in hostel premises/ university.
12. My ward will sole responsible for loss of money/ cell phone/ laptop or any other costly item. I shall not hold Graphic Era Institute of Medical Sciences authority/ Management for any kind of claim.

Parent/Guardian

Candidate

Hostel Warden

Hostel Superintendent



Graphic Era Institute of Medical Sciences Local Guardian Authorization

To,
The Concerned Authority,
Graphic Era Institute of Medical Sciences,
Dehradun.

Dear Sir/Madam,

My ward _____ Is studying in your University in MBBS Course.

I hereby authorize the following person as local guardian of my daughter/ son. He/ She may be informed in case of emergency and may be allowed to take him/ her for outing. The local guardian will come to take my ward or I will send a application for the same.

The University can inform the local guardian regarding any matter related to my ward on behalf of me.

Local Guardian's Name:

Address:

.....

Phone No. / Mobile No.

(Local Guardian's Signature)

Local Guardian's Name:

Address:

.....

Phone No./ Mobile No.

(Local Guardian's Signature)

Parent/Guardian

Candidate

Hostel Warden

Hostel Superintendent