



UNIVERSITY OF SWAT

Phone:

Email: provost@uswat.edu.pk URL: www.uswat.edu.pk

HOSTEL ADMISSION FORM

Affix 4
Photographs with
attestation On
Back side

RESIDENCE IN HOSTELS IS A PRIVILEGE NOT A RIGHT

Session: 2 0

Program:

Degree:

Name:
(Block Letters)

Father Name:
(Block Letters)

Date of Birth:

C.N.I.C No: (Attach copy)

Gender: Male / Female

ADDRESS

Residential:

Phone (Home): Mobile #

Permanent:

Emergency 1: Father/Guardian

Name:

Mobile No. Telephone No.

Address:

Emergency 2: Next of Kin/Family Member/Friend

Name:

Mobile No. Telephone No.

Address:

Visiting Days and Time

	Winter:	Summer:
Saturday	09 Am to 5:00 PM	08 AM to 7:00 PM
Sunday	02 PM to 5:00 PM	12:00 PM to 07 PM

GRADUATE ADVISOR OFFICE

It is verified that the information given by the applicant is correct. He/ She is a regular student and is recommended for hostel accommodation on the condition that he/she shall abide by all the hostel rules and regulations.

1. Date of Admission _____
2. Extension if any: _____
3. Progress: _____
4. Date of Completion: _____

Dealing Assistant

Department Chairman/Director / In-charge (only)

PARENT’S GUARDIAN CERTIFICATE

I, Mr./Ms. _____ certify that my son/ daughter/ ward is applying for hostel accommodation at University of Swat with my permission and undertake that I will be responsible for his/ her good behavior during his/her stay in the University of Swat and will accept all decision of the University of Swat authorities in matters of hostel admission and discipline. I further undertake that he/ she who has furnished the above undertaking shall comply with it in case he/ she violates the same, he/ she shall face punishment under the University of Swat Regulations.

Note: Only those visitors who permitted by his parents or Guardian will be allowed during hostel timing.

Visitor No. 1: Name: _____ Father Name: _____
CNIC No: _____ Address: _____

Visitor No. 2: Name: _____ Father Name: _____
CNIC No: _____ Address: _____

Signature of Parent’s Guardian

C.N.I.C No:

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 (Attach copy)

FOR HOSTEL USE ONLY

Allotted Hostel Name: _____ Allotted Room No. _____
Warden’s Remarks: _____
Telephone Verification from Guardian: _____

FOR OFFICE USE ONLY

Accounts Section	Authority	Warden/Hostel In-charge
Received Rs. _____ vide Bank DS No. _____ Date _____ (attached).	Hostel Accommodation Recommended / Not recommended.	Verified that all necessary documents completed. Allotted Room No. _____
<i>Dealing Assistant Provost Office</i>	<i>Provost</i>	<i>Warden/In-charge</i>

UNDERTAKING FOR UNIVERSITY HOSTEL ACCOMODATION

I _____ S/O _____, Studying at the Department/Institute/ Centre of _____, Semester_____ at University of Swat, am applying for university hostel accommodation University of Swat. I solemnly undertake that I will strictly follow all the university hostel rules during my stay and will accept and abide by all decisions of the university authorities in matter of hostel administration and discipline. It will be my responsibility to pay any and all the hostel dues on time

I understand and agree with the hostel rules as mentioned below.

- 1. Only visitors mentioned in hostel admission form can visit the student at hostel.
- 2. Student leaving for home should take permission from warden concern.
- 3. Regular entry should be made in in/out register.
- 4. No outsiders are allowed for night stay due to severe situation of the territory.
- 5. All the record of students including name, room no and address etc. will be given to concerned police station as they demand.
- 6. After 10. Pm no student will be allowed to enter the hostel gate –timings should be strictly followed.
- 7. Use/possession of drugs is strictly prohibited.
- 8. Loud music disturbance is not allowed.
- 9. Any kind of Weapons are not allowed in any case.
- 10. Shouting and hooting is not allowed for creating disturbance.
- 11. During vacation no one is allowed to stay at hostel.

I fully understand that in the case of noncompliance on my part regarding my hostel rules, the university authorities have the right to take any legal action against me which might also include eviction from university hostel.

Student Name: _____
Signature: _____
CNIC#: _____
Date: _____

Witness: 1
Name: _____
F.Name: _____
Signature: _____
CNIC: _____

Witness: 2
Name: _____
F.Name: _____
Signature: _____
CNIC: _____

Instructions for filling university Hostel undertaking form

- 1. Please copy the form on a Rs. 50 Stamp paper
- 2. Please provide all the required signatures from Oath Commissioner.
- 3. Undertaking form should be attested.