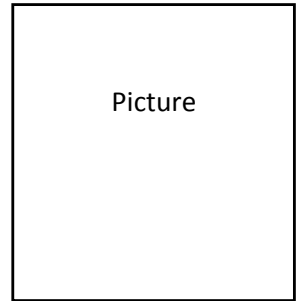


# APPLICATION FORM FOR AFFECTED IDP STUDENTS



Department: \_\_\_\_\_

1. Name: \_\_\_\_\_

2. Father's Name: \_\_\_\_\_

3. University Registration No: \_\_\_\_\_ 4. Term: \_\_\_\_\_

5. Domicile (District): \_\_\_\_\_

6. Permanent Address:- \_\_\_\_\_

\_\_\_\_\_

7. Tick the relevant: Day Scholar:  Boarder:

8. In case of Boarder please mention your Flat/ Room No: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Verified by Warden

(Boarder Students Only)

\_\_\_\_\_  
Countersigned By Dy. Provost

(Boarder Students Only)

\_\_\_\_\_  
Countersigned By Head of Department

**For Accounts Use Only**