

# Shaheed Benazir Bhutto University Shaheed Benazirabad

Knowledge - Commitment - Leadership

#### APPLICATION FORM FOR HOSTEL ACCOMMODATION

Instructions for application for filling in the applicant form

#### 1. Application must be accompanied with:

- Four recent passport size photographs of the Applicant.
- Two photo copies of applicant's and his/her Father's/Guardian's CNIC (Copy of passport of applicant if foreigner)
- Declaration from Parent's and Sureties/Guardian's (on form-II) before the judicial Magistrate / Civil
  Judge of the area of the residence of the applicant.
- 2. Application form is to be filled in duplicate, incomplete application shall be not considered.

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Academic Year				Class						S	Semes	ster		. <b></b>				(	
Name													Affix						
(In Block Letters)													Attested						
Father's Name												٠.	Photograph						
CNIC No.																			
Date of Birth																			
Department/ Institute / Center																			
Father's /Guardian's Particulars																			
<u>Father's Guardian's Name</u> Profession																			
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CNIC No.						×									3	Ţ,			
Permanent Addres																			
Postal Address																••••			
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of SBBU, SBA.																			
For Office Use Only																			
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Dated:																			
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Shaheed Benazir Bhutto University, Shaheed Benazirabad, Near Landhi Stop Sakrand Road SBA, Pakistan 67450 Ph.92-244-9370525, Fax.+92-244-9370521, E-mail registrar@sbbusba.edu.pk, Web: <a href="www.sbbusba.edu.pk">www.sbbusba.edu.pk</a> (SR)

## FORM-II PARENT'S /GUARDIAN'S/SURETIES' DELCARATION

#### THE PROVOST

Shaheed Benazir Bhutto University, Shaheed Benazirabad.

(A)	For 1	Fresh	Appli	icants	<u>s:</u>														
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Name and Address of Surety-2.																			
			ess of	Suret	y-2		•••••			••••						•••••		· · · · · · · · · · · · · · · · · · ·	
CNIC	∴ No:			,				-					i e		4	-	3	]	
Signed in my presence Judicial Magistrate/Civil Judge  Name and Designation.																			
Date.	Date Signature with official Seal											Seal							
(B) <u>(</u>	Only	for Re	e-new	al of l	Hoste	l Allo			ions	Stav	at H	ostels							
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Recommendation of the Chairperson of Department / Director of Institute.																			
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Date.																			

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## AFFIDAVIT BY THE STUDENT /APPLICANT

Name S/o D/o														
CN	IC No:						-							-
I shall must comply with all following Conditions during my stay at SBBU, SBA Hostel,														
1.	<ol> <li>I shall NOT Keep any fire arms and other lethal weapons or any other such harmful materials at my Hostel Room; any item seized by the hostel management is not returnable and will be dealt as per rule.</li> </ol>													
2.	I shall NOT keep any una	author	rized	perso	on (s)	in m	y roo	m						
3.	. I shall NOT Shift to a room other than the one allotted to me without prior permission of the HostelAllotment Committee.													
4.	I shall NOT Keeping and	l use a	ıny dı	rug(s	or o	ther i	ntoxi	cants	S.					
5.	<ol> <li>I shall NOT Keep any things such as CANDLES, BOILING RINGS, STOVE, ELECTRIC STOVE, ELECTRIC KETTLE, ELECTRIC COOKER, HALOGEN in my hostel room.</li> </ol>													
6.	6. I shall NOT Engage in any immoral or agitation or political and violent activities or creating nuisance or disturbing the peace and tranquility of the Hostel and University as whole. If I found involved, I willsolely be held as responsible for such acts.													
7.														
8.	3. Hostel/ university Authorities has a right to search my personal belongings and baggage at any time ofentering and departing the Hostel or while residing in the allotted room any time if deemed necessary by the university authorities.													
9		•			•									
10.	<ol> <li>I shall NOT cook anything inside my Hostel Room.</li> <li>I shall NOT park my car/motor cycle or other vehicle in places other than the designated parkingplace</li> <li>The University/ Hostel Authorities will NO be held responsible, if a Student HARMS himself/ herselfSURETIES:</li> </ol>													
	rety-1 Name													
	CNIC Number													
	Surety-2 Name													
Note: Need to submit the CNIC copies of sureties.														
Dat	ted							S	Signat	ture o	of Ap	plicar	nt	

### CERTIFICATE OF MEDICAL FITNESS

(To be obtained only from Qualified (at least MBBS) Medical Practitioner)

Name:	(In Block Letters)						
Registration No: Date	e of Birth						
Father's Name:	· · · · · · · · · · · · · · · · · · ·						
Blood Group:	Rh+/						
Height We	eight						
Heart and Lungs							
Vision: L:	₹:						
Hearing:							
Any Communicable / chronic disease:							
Any other disease / Medical History:							
Allergies, if any An	y durg allergy						
Last admission in hospital	······································						
Prescribed medication, if any							
1							
2							
3							
Any other remarks	· · · · · · · · · · · · · · · · · · ·						
I Certify that Mr. /Ms							
physically, mentally & psychologically fit/unfit for staying in the University hostel.							
Signature of the Candidate	Signature of Father/Mother/Guardian						
Signature of the Medical Officer with legible seal							
Date:							