PHOTO

ATAL DRISHTI HOSTEL FOR COLLEGE GOING BLIND STUDENTS (Female)
Department of Social Welfare, Government of NCT of Delhi
Timarpur, Delhi-110054

Form No.

New Admission Form 2025-2026

(For submission of application)

1. Name of Applicant:_____(In capital letters)
   Contact No._____
2. Date of Birth_____ Age as on 01.07.2025_____

3. Father's Name_____

4. Occupation:_____Income_____
   (Enclose Income Certificate)
5. Address of Local Guardian:_____
   _____Contact No._____
6. Permanent Address:
   _____
   _____Contact No._____

7. Marital Status: Married/Unmarried

8. Name of the School/College last attended_____

9. Name of the College where the applicant is studying_____

10. Class and subject of study:_____

11. Details of Examination Passed: (enclose Mark sheet & Certificate)

S No.	Examination Passed	Name of Board/university	Year of Passing	%age of Marks	Remarks

12. State the Bonafide Resident of:_____

I hereby declare that the above facts are true. I undertake to abide by the rules and regulation of the hostel. In case, it is found that any information mentioned above is incorrect or any breach of hostel rules, i will be liable to be discharged/expelled from the hostel. I also undertake to vacate the hostel within a week after the end of my annual examination.

Signature of Parents/Local Guardian Signature of the Applicant

Date:
Place:

The Committee Confirms/rejects admission of Ms._____for Session 2025-26.

CHAIRMAN MEMBER/CONVENER MEMBER