St. Xavier's University, Kolkata



New Town, Kolkata 700160
Ph.: 033 6624 9881 | Email: enquiry@sxuk.edu.in
Email: hosteldirector@sxuk.edu.in
Website: www.sxuk.edu.in

Photo

## Hostel Re-admission Form (2025-26)

Name (Block Letter):				
Course:	Roll No.:	(	CIN	Year:
Contact No:		E-Mail Ad	dress:	
Hostel Room Preference:				
Two-Bed Room (Common To	oilet) [ ]; Two-Bed Ro	oom (Attached To	oilet) [ ]; Th	ree-Bed Room (Attached Toilet) [ ]
Two-Bed Room (Attached To	oilet) [ ] (Second New	Building) For G	irl's	
Religion:	Date of Birth:		Gender: Ma	ale [] Female [] Third Gender []
Residence Address:				
Father's Name:		_: Occupation:		
Mother's Name:		_: Occupation: _		
Father's Contact No:		: Mother's Con	tact No:	
Local Guardian's Name:			: Relationshi	ip:
Address:				
Contact No:		_: E-Mail Addre	ss:	
Any Chronic Disease/Allerg	gy (Please Specify):			

## I declare that:

- My aggregate attendance was 75% (85% for MBA) or above in the last academic year.
- I was not involved in any disciplinary issues or problems in the last academic year.

## Note:

- 1. Parents and Hostellers are required to submit a Declaration Form that can be availed from the Hostel Office at the time of Hostel Re-admission.
- 2. St. Xavier's University Hostels are meant to be spaces of learning, quiet and peace to create a feeling of **home away from home**. Hence, the hostellers are asked to adhere to the **Hostel Policy, Rules and Regulations** (**Revised**) of the University uploaded on the University Website and maintain respect for authorities, teachers, and fellow hostellers.
- 3. Parents and Hostellers are encouraged to acquaint themselves with Hostel Policy, Rules and Regulations (Revised) of the University and their cooperation with the Hostel Management is solicited for the smooth running of the Hostels.
- 4. The Vice Chancellor is endowed with absolute authority to take the final decisions regarding the disciplinary measures.

I hereby affirm that I have read and understood the Hostel Policy, Rules and Regulations (Revised) and the Declaration Form, and I will abide by them.

I certify that the above information is correct. My Hostel allotment may be cancelled if any of the above information is found to be incorrect.

I shall be responsible for my ward's conduct and undertake to pay the Hostel Fees/Bills regularly. I shall cooperate with the Hostel Management.

Applicant's Signature with date

Parent's / Guardian's Signature with date

Verified and Admitted /Not Admitted

Deputy Director of Hostel (Men/Women)

**Executive Director, SXUK Hostels**