



University of Engineering and Technology, Taxila

Senior Warden Office

ALLOTMENT FORM

For Official Use Only	_____ Hall	Room No. _____
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1. Group Leader:

Name: _____

Regn. No. _____

Merit Sr. #: _____ CGPA: _____

PHOTO

2. Roommate

Name: _____

Regn. No. _____

Merit Sr. #: _____

PHOTO

(Official USE Only)

Biodata Verification: _____ Mess Clearance (Q hall): _____

Mess Clearance: (AB-Hall) _____ Mess Clearance (Ali-hall): _____

DECLARATION

- I / we hereby solemnly agree that the student at Sr. No. 1 is group leader of this room. The group leader will be responsible for overall maintenance of the room.
- The group leader will immediately inform the hostel administration about any ILLEGAL OCCUPANT and/or about any VACANCY created by leaving any roommate(s). In case of any ILLEGAL RESIDENT, allotment of all us will be considered as CANCELLED.
- I / we understand that exchange/ Swapping of rooms is strictly PROHIBITED and will lead to cancellation of allotment.
- In case I decide to live somewhere else, I'll immediately inform hostel administration and I will get my allotment cancelled.
- I / we understand that no outsider / visitor / guest is allowed to stay in the hostel without PRIOR WRITTEN PERMISSION form RT / Warden.
- I / we hereby solemnly declare that I will always abide by the rules and regulations governing the students discipline, hostel and allotment etc. being in force or will come into force at any time in future during my stay at the University.

- vii. I also understand that I may be expelled from the hostel along with the forfeiture of my hostel fees for misconduct.
- viii. I / we will not involve myself in any political and / or COMMUNITY-BASED group activity in the hostel as well as in the University.
- ix. I / we understand that SMOKING IS STRICTLY PROHIBITED in the hostel premises.
- x. I shall pay fixed monthly **MESS SERVICE CHARGES @** Rs. 350/- per month irrespective of no. of meals taken from hostel mess.
- xi. I / we understand that if my mess bill exceeds the amount Rs. 10,000/-, my hostel allotment shall automatically move to the “PROBATION” category.
- xii. I / we understand that Mess Dues Clearance is carried out every 3 months and the parents of DEFAULTERS shall be informed / called thereof.
- xiii. I / we will also obey the orders / instructions of the hostel administration issued or communicated to me from time to time.

Signatures

_____ _____
 Group Leader Roommate

(Official Use Only)

_____ Hall	Room No. _____	Date of Allotment: -10-2018
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ALLOTTED/APPROVED