



**CAMPUS  
STUDENTS  
COMMUNITIES**  
PEOPLE | PASSION | EXCELLENCE

# APPLICATION FORM

Form No. :

Date :

PLEASE FILL IN CAPITAL LETTERS

Regd. & Corp Address:

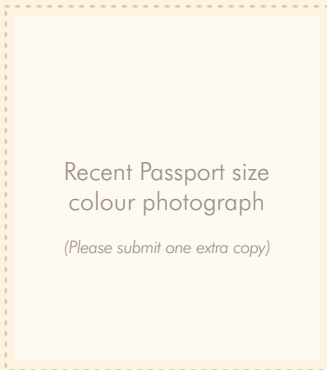
#33/5, National High School Road  
V.V. Puram, Bengaluru - 560004

Phone No. : 080-4155 4111

W : www.campusville.in | E : info@campusville.in

CIN :U74999KA2016PTC094959

Receipt No.:



## PERSONAL INFORMATION

Male

Female

Name   
(First) (Middle) (Last)

DOB  Blood Group   
DD / MM / YYYY

Mobile

E-Mail

Nationality  Religion

University/ College  Campus

Course  Semester  Combination

Aadhar / Passport No.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## ADDRESS & CONTACT

Father's Name  Mobile

Mother's Name  Mobile

Father's Email  Mother's Email

Phone  Emergency Contact

Address

City  Pin  State  Country

## LOCAL GUARDIAN DETAILS\*

Name  Relation

Address

Mobile  Email

\* Note: Without Local Guardian details form will not be accepted.

PLEASE TAKE A PHOTO COPY FOR YOUR FURTHER REFERENCE.

## HEALTH INSURANCE DETAILS [Mandatory]

Policy Number  Service Provider  Valid From  Valid To

## ACADEMIC RECORDS

Exam	Board / University	School/College	Stream	Marks (%)	Year
10th					
12th					

## STUDENT CLUB MEMBERSHIP [Any three is mandatory]

- FITNESS CLUB  ADVENTURE CLUB  START-UP CLUB  
 GO GREEN CLUB  SOCIAL INNOVATION CLUB

## FOOD PREFERENCE [Please tick the appropriate category]

- STANDARD NORTH INDIAN MENU  STANDARD SOUTH INDIAN MENU  
 VEGETARIAN  NON-VEGETARIAN

## FOR OFFICE USE

Annual Charges	Security Deposit	One Time Fee	Food Charges		Other Charges
			Annual	Bi-Annual	

## REMARKS

HOUSING NAME	ROOM NO.

APPROVED BY	SIGNED BY
Counsellor	
Admissions Head	
Accounts	
IT	

### Checklist:

- Resident's Handbook   
ID Card   
Wi-Fi Activation   
CSC App Download

### Document to be Submitted:

Photocopy of Passport / Aadhar Card.  
The Original document should be produced at the time of bed allotment.

## AGREEMENT CUM UNDERTAKING

I \_\_\_\_\_ D/o, S/o, parent/guardian of \_\_\_\_\_ admitted in CAMPUS STUDENTS COMMUNITIES(CSCPL) residential accommodation hereby agree that, the fee payable for the accommodation is as under:

I agree to pay the full academic year fee as mentioned above by the undermentioned due dates:

Particulars	Fee	Due Date
Booking Amount		During Registration
First Installment		At the Time of Admission
Second Installment		By 10th October
Third Installment		By 10th January

The charges are only for residential accommodation for use as residence, all other facilities are complimentary irrespective of its usage.

In the event, I fail to pay the accommodation fee by the given due date I will be liable to pay the late payment charges of Rs. 50/- per day. I also understand that I shall not withdraw my/wards admission from the Residential Accommodation in mid of the academic year and if I leave in mid of the session, I agree to pay the full charges before vacating and will complete the exit procedure as per the policy of CSCPL. In case if I fail to clear the dues before vacating, CSCPL can initiate legal action against me as per the law. I also understand that the fee submitted is non-refundable and non-transferable.

I / My Ward have received the Resident's Handbook and have read the contents and policies mentioned and understand its provisions. I hereby undertake to abide by the rules and regulations mentioned in the Resident's Handbook and such other guidelines that the management shall make from time to time. I am aware that I / My Ward may be debarred from CSCPL on following grounds:

1. Non-payment of the CSCPL dues
2. Using unfair means in the Housing and College
3. Consistently non-adhering the CSCPL rules
4. Conduct / Act harmful to other students
5. Immorality or Insubordination
6. Theft or extortion of money / Items
7. Damaging CSCPL property
8. Bullying, assaulting and ragging in any form
9. Possession, use and / or distribution of Substance of abuse, Consumption of Alcohol
10. Any work or action likely to undermine the reputation of the CSCPL

That all the content of this agreement has been verbally explained to me. I, the undersigned, hereby acknowledge that the information provided by me in application form is true to the best of my knowledge.

Place \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

## INDEMNITY BOND

I \_\_\_\_\_ D/o, S/o, parent/guardian of \_\_\_\_\_ admitted in residential accommodation of CAMPUS STUDENTS COMMUNITIES(CSCPL) have gone through and understood all the guidelines of CSCPL provided in the Resident's Handbook/Application Form and/or the web portal [www.campusville.in](http://www.campusville.in)

I, hereby indemnify CSCPL from and against all proceedings and claims for any or on account of or in relation to any disability, bodily injury (self-inflicted or otherwise), suicide and/or suicide attempt, death, infections and diseases caused during stay or while going on excursion tour or otherwise (in or outside the campus of the student housing) and from and against all damages, losses, costs, charges and expenses in respect thereof, in any manner due to any reason, whatsoever, that my ward may suffer during his/her course of stay in CSCPL, as a resident.

I, hereby indemnify CSCPL from and against all the responsibilities for the medical fitness of my son/daughter, at all times and further affirm that he/she has no communicable and serious diseases or any kind of psychiatric problems or depression or any other sort of ailments.

I, hereby indemnify CSCPL from and against all the responsibilities, liabilities and legal implications of any law of the land for the time being in force or otherwise, in any manner; in case of my son/daughter possessing, using or dealing with any kind of intoxicating material including alcohol, drugs of any kind, tobacco, cigarettes or any other sedative materials; and, in case of my son/daughter possessing, using or dealing or abetting the use of any kind of weapons including sticks, rods, explosives, firework or any such material.

I undertake and agree that no compensation will be paid by the Managing Committee or any Official / Employees / Representative of the CSCPL in respect of any loss of injury to property / life including injury resulting in death and I further agree so as to bind myself, my heirs, my executors and administrators to indemnify you / any Official / Employee or Representative of the residential accommodation against any claim which may be made by any person / third person against you or them or any of them arising out of act or default on the part of the said individual during or in connection with the above quoted activities.

It is further declared that the stamp duty payable on this undertaking shall be borne by me.

Place \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_