



Mahatma Gandhi Central University

(Established by an Act of Parliament)

Chanakya Parisar, Zila School Campus, Motihari, District–East Champaran,

Bihar Pin–845 401

Website: www.mgcub.ac.in

Office of the Provost, Halls of Residence, MGCUB

Date: 21-03-2022

Notice

This is to inform to all the newly allotted student for the accommodation at the Kasturba Gandhi Women's Hostel, MGCUB to deposit their **Hostel Fee on or before 28th March 2022** online as per the following account details.

Hostel fee deposit Detail:

Account Name	Mahatma Gandhi Central University
Bank Name	Central Bank of India
Branch	Luthaha Branch, Motihari
Account No	3558579240
IFSC Code	CBIN0280030

Total Fee: Rs.12,000.00 [Hostel Semester Fee: Rs.9000.00 + Caution Money Rs. 3000.00 (refundable)]

After deposition of the Hostel fee, a copy of the online receipt must be submitted to the office of the Warden for the allotment of the room.

All the provisionally allotted students whose names are there in the list are required to deposit the hostel fee and caution money, till **28th March 2022**, failing which the allotment shall be cancelled and the seat allotted to such defaulters shall be allotted to the students kept in the waiting list and no further claim will be entertained.

(Prof. Rafique Ul Islam)

Provost

Halls of Residence, MGCUB



महात्मा गाँधी केन्द्रीय विश्वविद्यालय MAHATMA GANDHI CENTRAL UNIVERSITY

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Kasturba Gandhi Women's Hostel UNDERTAKING

I, (Name) daughter of, Resident of
Enrollment Nohereby undertake the following:

1. I have read carefully all the guidelines/advisory issued by MGCU regarding my visit and stay during the current COVID-19 pandemic.
2. I shall strictly follow all the guidelines laid down by MGCU regarding COVID-19 pandemic as well as the regulation of Ministry of Health and Family Affairs, India. In case of any violation of guidelines by me, I am liable to be acted on as per MGCU rules and regulations.

Details of Covid-19 Symptoms if any at the time of entry to the Kasturba Gandhi Women's Hostel:

a) Fever – Yes/No: b) Dry Cough – Yes/No: c) Tiredness – Yes/No:

4. Details of Vaccinations: Vaccinated: Partially/Fully Vaccine Name:
Date of 1st Dose: Date of 2nd Dose:

(Attached Vaccination Certificate)

Date:

Signature of the Student

Mobile No.:

Department:

In Case of Emergency name of Person to contact.

Name:

Mobile Number:

Consent from Parents/ Guardians for allowing the resident to stay and sharing of rooms in the Hostel

We have no objection in sharing of rooms with other residents in the Hostel.

Date:

Name and Signature of Parents:

Contact Number: