



Student Information				Affix Passport Size Recent Photograph
Name:				
Date Of Birth:				
Parental Information (Father's)		Parental Information (Mother's)		
Name:		Name:		
Mobile #:	Affix Passport Size Recent Photograph	Mobile #:	Affix Passport Size Recent Photograph	
Occupation:		Occupation:		
Designation:		Designation:		
e-mail ID:		e-mail ID:		
Residential Address:				
Residential Phone 1:		Residential Phone 2:		
Signature:		Signature:		
Local Guardian Information:				
Name 1:		Name 2:		
Mobile #:	Affix Passport Size Recent Photograph	Mobile #:	Affix Passport Size Recent Photograph	
Occupation:		Occupation:		
Phone:		Phone:		
Address:		Address:		
Relationship:		Relationship:		
Signature:		Signature:		

MEDICAL EMERGENCY INFORMATION			
First Name:		Middle Name:	Last Name:
Date Of Birth:	Sex:	Weight:	Blood Group:
Address:			
City:		State:	Pin Code:
Primary Insurance Co.:		Secondary Insurance Co.	
Primary Insurance Numbers & Group:		Secondary Insurance Numbers & Group:	
Past Medical History (Put a ✓ for the correct option)			
Allergies <input type="radio"/> None <input type="radio"/> Unknown Other	Cardiac <input type="radio"/> None <input type="radio"/> Unknown <input type="radio"/> Angina <input type="radio"/> Arrhythmia <input type="radio"/> Cardiomyopathy <input type="radio"/> CHF <input type="radio"/> Congenital <input type="radio"/> Implanted Defib <input type="radio"/> MI Other	Surgery <input type="radio"/> None <input type="radio"/> Unknown <input type="radio"/> Abdominal <input type="radio"/> Hearth <input type="radio"/> Lung <input type="radio"/> Neurological Other	
Chronic Illness (Put a ✓ for the correct option)			
Allergies <input type="radio"/> None <input type="radio"/> Asthma <input type="radio"/> Bleeding Disorder <input type="radio"/> Cancer <input type="radio"/> COPD <input type="radio"/> CVA/TIA <input type="radio"/> Diabetic	Cardiac <input type="radio"/> Dialysis/Renal <input type="radio"/> Gastrointestinal <input type="radio"/> Headaches <input type="radio"/> Hepatitis <input type="radio"/> HIV+ <input type="radio"/> Hypertension <input type="radio"/> Paralysis	Surgery <input type="radio"/> Psychological <input type="radio"/> Seizures <input type="radio"/> Substance Abuse <input type="radio"/> TB <input type="radio"/> Unknown Other	
Current Medication			
Family Physician:		Physicians Phone #	
Local Contact Name & Relationship		Local Contact Phone #	
Outstation Contact Name & Relationship		Outstation Contact Phone #	

CODE OF CONDUCT

- Room will be allotted on first come first serve basis, subject to availability.
- Accommodation charges and mess charges shall be paid as per schedule, failing which Rs. 100/- per day shall be charged as late fee till 10th of the month after which the name of the Resident shall be struck off from the records and he will not be allowed to stay in the premise.
- No unbecoming activity of a Resident shall be allowed inside the premises. The management reserves the right to evict any Resident if it is found that He is involved in any illegal/unethical/unprincipled/immoral corrupt/dishonest activity and due to which his stay in Scholar's Park causes disciplinary or any other related problems for the management and the other residents.
- No Resident shall be allowed to stay out without written request of the local guardian and written permission of the Warden. Decision of the warden will be final in such cases. Any Resident staying out without permission shall be fined Rs. 500/- each, only for upto two occasions. Any repetition of this act after that will make Him liable for expulsion without any notice.
- No guests are allowed in the rooms at all. They can visit the premise between 1600-1900 hours and can meet the Resident in the meeting room.
- The management reserves the right of admission for Non-Residents. Trespassers shall be handed over to the police.
- Playing of Radio or T.V, use of heater, heat convector, electric kettles, iron and immersion rods are strictly prohibited inside the rooms. Non-compliance would lead to confiscation of the appliance and repeated offence would result in termination.
- Residents are advised not to keep any valuable article in the rooms. For any theft or loss of valuable articles, it will be the sole responsibility of that Resident and by way of no means what so ever Scholar's Park can be held responsible for such loss.
- Any Resident guilty of misconduct, breach of rules or showing disrespect to authority and nuisance to others including neighbours, shall immediately be expelled without any notice. No justification can be sought from Scholar's Park.

- Any damage to the property, shall have to be paid in cash individually or the persons responsible or jointly by all the Residents. It will not be adjusted in any other head.
- No part of the fee paid (Accommodation Charge& Mess Charge) is refundable for any reason.
- The authorities shall keep the premise clean and hygienic and the Residents shall help in doing so.
- The Resident shall get Breakfast, Lunch & Dinner etc., as per the Menu displayed every week.
- No cooler/air conditioner etc. is provided in the rooms, nor shall any Resident be allowed to install one of his own. No misuse of electricity and heater is allowed and leaving the room without switching off the lights will invite penalty.
- The authorities shall arrange for clear, hygienic drinking water, 24 hours a day.
- No resident shall be allowed to take meal from outside.
- No inter exchange of rooms shall be allowed without approval from the authorities.
- In case a resident wants to go to his home town, He shall have to inform the authorities in writing and make entries in the register while going and coming back accordingly.
- Residents must ensure that the doors are locked and all electrical switches are switched off when not in use.
- All residents are expected to be in the premise before 2200 hours.
- All visitors must register at the security station upon arrival and departure.
- Residents are personally responsible for ensuring all visitors comply with the rules and regulations and they would not cause any inconvenience to other residents.
- Visitors are strictly prohibited from staying overnight.
- Residents are not permitted to give their room keys to any other person to use while they are away. If found committing such an offence, they would be evicted.
- Smoking, consumption of alcohol and drugs are strictly prohibited. Non-compliance would lead to eviction.
- Gambling/gaming which involves betting is strictly not allowed in the premise.
- Viewing, possession and or dissemination of pornographic materials are strictly prohibited.
- Residents found causing embarrassment, unsolicited compliments, sexually tainted jokes, spreading of false rumours would be evicted.

- Any dispute arising on account of these rules shall be subject to jurisdiction of appropriate court (Dehradun).
- Scholar's Park reserves the right for its designees to enter and inspect any room in the interests of safety and proper conduct of the Residents. Entry can be made at any time, whether or not the residents are present, and without prior notice to the residents.

I confirm and agree that I have read the Code of Conduct and I shall abide with Scholar's Park Code Of Conduct.

I agree that I will not take any action against Scholar's Park in the event of breach of Code of Conduct and would vacate the hostel premises immediately.

Resident's Name:

Resident's Signature:

Date:

UNDERTAKING BY PARENTS

- ❖ I/We do hereby undertake that I/We have read and understood the Rules & Regulations laid down by Scholar's Park and agree to abide by them.
- ❖ I/We hereby authorise the persons as stated in the enrolment form to act as Local Guardians of my ward. I/We also delegate my/our responsibility to Him and authorise Him to take necessary decisions and actions in my /our absence.
- ❖ I/We certify that my/our residential address and the Local Guardians address and contact details are correct. In case of any change, I/We will intimate the same to Scholar's Park within 3 days.
- ❖ My/our ward will not indulge in any act of RAGGING. If He is found indulging in any such act or misbehaviour, disciplinary action may be initiated against Him as per the provisions of the Act No. IPC 326 (Serious Injury), 323 (Injury) and IT Act 67 (Vulgar SMS) and He may be expelled from Scholar's Park if found guilty. If my/our ward is involved in any act of ragging, an FIR may be lodged against Him.
- ❖ I/We have gone through the prospectus and read through the fee structure and payment schedule. We agree to abide by them and strictly adhere to the payment schedule given. The fee and penalty, if any which is due towards payment by me/us, shall be paid within 30 days. If I/we default in making the payment, I/we are aware that, I/we will be asked to withdraw my/our ward. I/we will accept such a decision of Scholar's Park.
- ❖ I/we certify that all information related to the medical history of my /our ward is correct and complete. I/we understand that Scholar's Park will do its best to provide emergency medical aid, but will not be held responsible for any sickness/undisclosed disease. I/we understand that in case of communicable /infectious diseases, my/our ward will be sent back home. I/We/Local Guardian will pick him up from the hostel.
- ❖ I, hereby indemnify Scholar's Park against any damage, sickness, accident death caused to my ward during His stay in Scholar's Park of any mis-happening that may be caused inadvertently to my ward.

Date: **Signature of Father** **Signature of Mother**

Place: Father's Name: Mother's Name:

UNDERTAKING BY LOCAL GUARDIANS

- I/We _____ hereby agree to be the Local Guardian(s) for _____ S/o Mr/Mrs. _____ and agree to take His responsibility in the absence of the parents.
- I/We hereby undertake that I/We have read the Rules & Regulations of Scholar's Park and agree to abide by them.
- I/We confirm that my/our address and contact details are correct. In case of any change, I/We will intimate the same to Scholar's Park within 3 days.
- I/We hereby undertake that in case of any sickness, particularly in case of any infectious/communicable disease or any emergency, it will be my/our responsibility to keep the ward with me/us during the directed period by Scholar's Park.
- I/We have studied the leave rules of Scholar's Park. I/We assure that, I/we will follow the stipulated timings. I/We & my/our family shall visit my/our ward only on the days specified in the Visiting Schedule for the Parents/Local Guardian's.
- I/we will personally pick up & drop Him back as the scheduled time of return for weekend outings/leave etc. I/We assure that I/we will always adhere to all rules related to the issue & submission of GATE PASS.
- I/we will not visit the rooms of the wards without proper permission from the Scholar's Park administration.

(First Local Guardian Signature)

(Second Local Guardian Signature)