



**PONDICHERRY UNIVERSITY**

**Fr. Dr. P.A. SAMPATHKUMAR**  
**Chief Warden**  
**University Hostels**

**R.V. Nagar, Kalapet,**  
**Puducherry - 605 014.**  
**Phone: 0413 2654634.**  
**Mobile: 9443212314.**

Ref. No. PU/CW/UHs/2011-2012/ *335*

Date: 23.01.2012

**Dear Residents,**

I am glad to inform you that the University has exempted all the differently abled students from the payment of **room rent and mess fee** for the hostels during the academic year 2011-12 onwards.

However, they have to pay all other fees for the hostels like application for admission, General Amenities Fund (GAF), Establishment Charges, Caution Deposit etc.,

Hence, the eligible residents may get an Application form from the Hostels Office situated in C.V.Raman Hostel and submit the filled in application enclosing an attested copy of the Disability Certificate from the District Disabled Rehabilitation Officer or any other authorised authority indicating the extent of physical disability.

**Application without valid Certificate will be rejected.**

**The last date for submission of filled-in Application is .....** *1st Feb 2012*

Thanking you

(yours sincerely,

*(Signature)*  
(P.A. SAMPATHKUMAR) *23/1/12*

**Copy to:**

- |  |                                   |
|--|-----------------------------------|
| 1. The A.R, O/o Vice Chancellor  | - for kind information to the VC. |
| 2. The PS to Director (SEI&RR)   | - for kind information.           |
| 3. The Registrar   | - for kind information.           |
| 4. The Finance Officer   | - for kind information.           |
| 5. The Chief Warden (Girls Hostels) /<br>All Wardens, University Hostels | - for kind information.           |

## PONDICHERRY UNIVERSITY HOSTELS

### REQUISITION FOR FREE ACCOMMODATION AND FOOD FOR DIFFERENTLY ABLED STUDENTS

Name of the Student :  
Name of the Parents / Guardian :  
Name of the Course :  
Name of the Hostel : Room No:  
Date of Hostel Admission :  
Disability Certificate issued by  
District Disabled Rehabilitation Officer to  
be produced : Original/Attested copy  
Address :

#### DECLARATION

I hereby declare that the particulars given above are true to the best of my knowledge and belief. I also understand that if any particulars are found to be false, action will be taken against me.

Signature of Parent:

Signature of the Student

Address of Parent:

Date :

Recommendations of the HOD (with seal)

Particulars verified and found correct. Mess fee and Room Rent for the hostels **can be exempted / cannot exempted.**

Assistant

S.O. (Hostels)

Chief Warden