



Hostel Details

Subject	Description
Type	Unisex <ul style="list-style-type: none">BoysGirls
Facilities	Community <ul style="list-style-type: none">EventsMovie ScreeningsInternshipsCareer CounsellingMedical CampsFresher's PartySports DayNight outs & camping Amenities <ul style="list-style-type: none">Healthy Meals<ul style="list-style-type: none">Breakfast & Dinner on WeekdaysBreakfast, Lunch, High-tea, Dinner on Weekends & HolidaysSecurityDoctor on callOn Campus Accidental & OPD InsuranceHousekeepingLaundryParking Residences <ul style="list-style-type: none">Double Sharing (nonattached but private washrooms / Triple Sharing + (attached washrooms)Full Stack<ul style="list-style-type: none">CommunitySingle Storage BedBed SheetMattressPillowPillow Cover

Subject	Description
Facilities	<ul style="list-style-type: none"> • Quilt • Curtains • Bookstand • AC • Geysers • Reading Space with 30+ titles • RO Drinking Water • Pantry • Indoor Games & Fitness Space • TV Room <p>Technology</p> <ul style="list-style-type: none"> • WiFi • CCTV • In-Resident Mobile Application • Paperless KYC, Verification & Payments • Printing & Scanning Assistance • Welcome Kit
Fees	<ul style="list-style-type: none"> • 1,38,000/- Annually in favor of Navrachana University • 15,000/- One time refundable security deposit in favor of Roompe Pvt Ltd
Address	Road No 2, Vasant Vihar, Bhayli, Vadodara, Gujarat 390007
In Time	11:00 PM
Other Optional Charges	<ul style="list-style-type: none"> • Lunch (On Weekdays) - 70 INR • AC - 10 Rs / Unit / Room (Soldiery distributed equally between roommates) • Laundry (Washing & Iron) of regular clothes - 10 INR / Piece after 40 Pieces / Month / Person

Students Details Required for Form Creation & Data Transfer			
1.	Full Name	10.	Semester / Branch / Course
2.	Aadhar Card	11.	List of Allergies
3.	Address Proof	12.	Gender
4.	Blood Group	13.	Passport Photos
5.	Phone Number	14.	Date of Birth
6.	Email Id	15.	COVID Report RTPCR
7.	Parents Name (Both)	16.	Vaccination Certificate
8.	Parents Number (Both)	17.	Medical Fitness Certificate from Family Doctor
9.	Local Guardian (Name and Number)		