



राष्ट्रीय प्रौद्योगिकी संस्थान, मणिपुर

National Institute of Technology, Manipur

Langol, Manipur – 795 004, Ph. (0385)2445812/ e-mail: admin@nitmanipur.ac.in

An Autonomous Institute under MHRD, Govt. of India

APPLICATION FOR HOSTEL ADMISSIONS

1. Name in full (Block Letters)	_____	Attach latest colour passport photo
2. Programme & Branch/Specialization	_____	
3. Date of Birth	_____	
4. Category	_____	
5. Gender	_____	
6. Father's/Mother's Name & Address	Name: _____ Vil/Town/City/Street: _____ P.O.: _____ PIN: _____ State: _____ Phone No. (With STD Code): _____	
7. Local Guardian's Name & Address (If any)	Name: _____ Vil/Town/City/Street: _____ P.O.: _____ PIN: _____ State: _____ Phone No. (With STD Code): _____	
8. Permanent Address	Name: _____ Vil/Town/City/Street: _____ P.O.: _____ PIN: _____ State: _____ Phone No. (With STD Code): _____	
Hostel fee amount.....	Signature of Account section (with stamp).....	

Declaration:

I declare that if admitted to hostel, I shall abide by the Statutes, Ordinances, Rules and Regulations, Orders, etc. of the Institute and of the Hostel that will be in force from time to time. I will submit myself to the disciplinary jurisdiction of the Director and other authorities of the Institute and the Hostel who may be vested with such powers under the Act, Ordinances and the Rules that have been framed there under by the Institute. I also declare that for any violation of the above, my admission into the Hostel and Institute shall be liable to be cancelled and I shall be liable to such other disciplinary action as may be decided by the Institute authorities.

Further, I take an oath that the information given above is true and complete to the best of my knowledge and belief.

Date:

Signature of the Student

Declaration of the Local Guardian:

I agree to be the local guardian of the above named student and I shall look after his/her conduct and take care of his/her immediate needs, if any, during his/her stay in the hostel.

Date:

Signature of the Local Guardian
e-mail ID:

Declaration of the Parents/Guardian:

I undertake the responsibility of paying all my dues of my son/daughter/ward regularly and for his/her due compliance with all rules and regulations that are in force from time to time in the Institutes Hostels.

The above named person will be the Local Guardian of my son/daughter/ward who shall take first hand care of his/her conduct and take care of his/her needs during his/her stay in the Hostel.

Date:

Signature of the Parent/Guardian
e-mail ID:

FOR WARDEN'S USE

Seat allotted in Hostel No

Seat allotted in the Room No.

Date:

Name & Signature of the Warden