

1. Name in full

राष्ट्रीय प्रौद्योगिकी संस्थान,मणिपुर National Institute of Technology, Manipur

Langol- 795004, Ph. (0385)2445812/ e-mail: admin@nitmanipur.ac.in

An Autonomous Institute under MHRD, Govt. of India

COURSE REGISTRATION

January 2017

	(in Block Capitals)	•••••						Recent			
										Passpo	
2.	Course	:	••••••	•••••	••••••	•••••	•••••	•••••	••••	Photo	graph
3.	Enrolment No.	• ••••••	••••••	•••••	••••••	•••••	•••••	•••••	••••		
4 .	Semester	:	••••••	••••••	••••••	•••••	••••••	•••••	••••		
5.	Branch	:	••••••	••••••	••••••	•••••	••••••	•••••	••••		
6.	Gender	•		C/TD	D.1. 1				••••		
7.	Category (Tick)	: Gen	SC	ST	Below 1 Lakh Parent's income						
8.	Amount Paid	:	•••••	•••••		• • • • • • • • •	•••••	••••			
9.	Contact Details	:									
	a) Mobile No.	:									
	b) Email Address	:									
10. Subjects allotted											
	1								T		
Sl.	No.	Subject				Su	ıbject	Code	Total	l Credit	
Sl.I	No.	Subject				Su	ıbject	Code	Total	l Credit	
Sl.	No.	Subject				Su	ıbject	Code	Total	l Credit	
Sl.1	No.	Subject				Su	ıbject	Code	Total	l Credit	
SLI	No.	Subject				Su	ıbject	Code	Total	l Credit	
Sl.	No.	Subject				Su	ıbject	Code	Tota	l Credit	
Sl.I	No.	Subject				Su	ıbject	Code	Total	l Credit	
SI.I	No.	Subject				Su	ıbject	Code	Tota	l Credit	
Sl.I	No.	Subject				Su	ıbject	Code	Total	l Credit	
Dec my	elaration: I hereby declare that knowledge and belief. I also brrect or ineligibility being details	t all the state	that	in the	event of a	ication ny info	are tru	e, compl on being	ete and co	orrect to the uppressed/ f	best of alse or
Dec my inco	claration: I hereby declare that knowledge and belief. I also	t all the state	that	in the	event of a dmission, n	ication ny info	are tru ormatic	e, compl on being e is liable	ete and confound so	orrect to the uppressed/ f	alse or



राष्ट्रीय प्रौद्योगिकी संस्थान,मणिपुर National Institute of Technology, Manipur

Langol – 795004, Ph. (0385)2445812/ e-mail: admin@nitmanipur.ac.in

An Autonomous Institute under MHRD, Govt. of India

APPLICATION FOR HOSTEL ADMISSIONS-2017

1.	Name in full (in Block Capitals)	:	Affix Recent Passport Size	
2.	Course	•	Photograph	
3.	Enrolment No.	•		
4.	Semester	• •••••••	•••••	
5.	Branch	:	•••••	
6.	Gender	:		
8.	Amount Paid	:		
	Contact Details	•••••••••••••••••••••••••••••••••••••••	•••••	
	a) Mobile No.	:		
	b) Email Address	:		
9. Fatho Addr	er's/Mother's Name & cess	Name: Vil/Town/City/Street: P.O. PIN: Phone No. (With STD Code):	State:	
10. Loca Addr	al Guardian's Name & ress	Name: Vil/Town/City/Street: P.O. Phone No. (With STD Code):	State:	
11. Pern	manent Address	Name: Vil/Town/City/Street: P.O. Phone No. (With STD Code):	State:	
Sex	Male Female	Transgender		
Cat	tegory: Gen	SC ST PH		
12. Host	tel fee amount	Signature of Accounts (with	n stamp)	

Declaration:

13. 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 University. 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.



राष्ट्रीय प्रौद्योगिकी संस्थान,मणिपुर

National Institute of Technology, Manipur

Langol – 795004, Ph. (0385)2445812/ e-mail: admin@nitmanipur.ac.in
An Autonomous Institute under MHRD, Govt. of India

- 14. Further, I declare an oath that the information given above is true and complete to the best of my knowledge and belief.
- 15. Declaration of the Local Guardian:
- 16. 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					
17. Declaration of the Parents/Guardian: I undertake the responsibility of paying all my dues of my s due compliance with all rules and regulations that are in force from to The above named person (in Sl. No. 4) will be the Local Guardian first hand care of his/her conduct and take care of his/her needs during	time to time in the University Hostels. n of my son/daughter/ward who shall take					
Date:	Signature of the Parent/Guardian e-mail ID:					
FOR WARDEN'S USE						
Seat allotted in the Room No.						
Date:	Signature of the Warden					