

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

HOSTEL FORM

SESSION 20__ - 20__

TO BE FILLED IN BY THE CANDIDATE

Attach latest colour passport photo

1. Name of Course/Programme :	
2. Branch/ Discipline:	Specialization
3. Name of the candidate	
(in block letters)	
4. Enrolment No:	Semester
5. Date of Birth	
6. Gender:	
7. Category	11////
8. Blood Group:	
9. Mother's name	
10. Father's name	9
11. Address	
Permanent	For Correspondence
Mobile No: E-mail: PS	Mobile No: E-mail: PS
11. Payment Details:	
(i) Hostel fee amount	

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.



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- 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:
 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	
	Mobile:	
co T	Declaration of the Parents/Guardian: undertake the responsibility of paying all my dues of my son/daughter/ward regularly and for his/her due impliance with all rules and regulations that are in force from time to time in the University Hostels. The above named person (in Sl. No. 4) will be the Local Guardian of my son/daughter/ward who shall take test 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	
Mobil	e:	
FOR WARDEN'S USE		
S	eat allotted in the Hostel No/Name	
S	eat allotted in the Room No	
D	ate:	

Name & Signature of the Warden