



राष्ट्रीय प्रौद्योगिकी संस्थान, मणिपुर

National Institute of Technology, Manipur
Langol, Manipur – 795 001, 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)	
2. Programme	
3. Father's/Mother's Name & Address	Name: Vil/Town/City/Street: P.O. PIN: State: Phone No. (With STD Code):
4. Local Guardian's Name & Address	Name: Vil/Town/City/Street: P.O. PIN: State: Phone No. (With STD Code):
5. Permanent Address	Name: Vil/Town/City/Street: P.O. PIN: State: Phone No. (With STD Code):

Sex:

Male	Female	Transgender
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Category:

Gen	SC	ST	PH
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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 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.
- Further, I declare an oath that the information given above is true and complete to the best of my knowledge and belief.
- 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:
Guardian

Signature of the Local

Date:

Full signature of student

e-mail ID:

10. 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 University Hostels.

The above named person (in Sl. No. 4) 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 the Room No.

Date:

Signature of the Warden