



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

REGISTRATION FORM

.....(month) 20.....(year)

- 1. Name in full :
(in Block Capitals) :
- 2. Programme :
- 3. Enrolment No. :
- 4. Semester :
- 5. Branch/Discipline :
- 6. Gender :
- 7. Category *(Tick)* :

Affix Recent
Colour Passport
Size Photograph

Gen	SC	ST	OBC	Below 1 Lakh Parent's income	Between 1 to 5 Lakh Parent's Income
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- 8. Amount Paid :

Hosteller		Non-Hosteller	
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(Tick)

- 9. Contact Details :
- a) Mobile No. :
- b) Email Address :

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Declaration: I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I also understand that in the event of any information being found suppressed/ false or incorrect or ineligibility being detected before or after the admission, my candidature is liable to be cancelled.

Place & Date

(Signature of Candidate)



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RECEIPT

Received a sum of Rs./- (Rupees.....only)

from Mr./Ms./Mrs. ;

Enrolment Number : ; Programme : on(date)

on account ofSemester Registration Fees for.....(month)20.....(year) Session.

Admission Section