



NATIONAL INSTITUTE OF FASHION TECHNOLOGY, PATNA

An Institute of Design, Management & Technology
A statutory Institute governed by the NIFT Act, 2006
Ministry of Textiles, Government of India

HOSTEL REGISTRATION FORM 2024-25
FOR OFFICE USE ONLY

Receipt No. :

Nature of Admisson: Regular/NRI

Floor: _____ Room No. _____

All details to be written in uppercase including email id

1. Name of the student: _____

2. Unique Id No. : _____

3. Date of Birth: _____

4. Gender: _____

5. E-mail ID (student's) : _____

Affix passport size
photograph

6. Course: UG - FD/AD/TD/FC/BFT/MFM -

7. Parental details:

Affix stamp size
photograph of
Father

FATHER'S NAME	
OCCUPATION	
OFFICE ADDRESS	
RESIDENCE ADDRESS	
LANDLINE TELEPHONE No.	
MOBILE No.	
EMAIL ID	

Affix stamp size
photograph of
Mother

MOTHER'S NAME	
OCCUPATION	
OFFICE ADDRESS	
LANDLINE TELEPHONE No.	
MOBILE No.	
EMAIL ID	

8. LOCAL GUARDIAN:

*Kindly note: Students are allowed to visit their authorised **Local Guardian ONLY**. They are not allowed to visit their friends' residence/friends' LG at any Circumstances.*

Affix stamp size
photograph of
Local Guardian

FATHER'S NAME	
OCCUPATION	
OFFICE ADDRESS	
RESIDENCE ADDRESS	
LANDLINE TELEPHONE No.	
MOBILE No.	
EMAIL ID	

9. ALTERNATE ADDRESS FOR CORRESPONDANCE: (If Any)

ADDRESS 1	ADDRESS 2

10. DECLARATION:

I hereby affirm that the statement made and information furnished by me in the Hostel application form is true and correct, further I undertake if admitted, abide by the NIFT Hostel Resident Rules. Final decision for grant of admission to the hostel will be bound to me decided by Competent Authority of NIFT.

I clearly understand that

- i. The allotment of rooms to students and mode of occupancy is not a matter of right.
- ii. NIFT will make all efforts to provide emergency medical care but the Institute cannot be held responsible for any eventuality.
- iii. I am responsible for seeking Medical/Clinical advice for all my ailments, disease infection from Campus Doctor or outside and take necessary care and take medicines/treatment.
- iv. I am responsible for all my belongings.
- v. I am responsible for my behaviour inside and outside NIFT Campus & Hostel.
- vi. I have seen and read NIFT Hostel Resident Rules and any case of non-compliance by me, the institute has right to expel me from the hostel without any notice in writing. NIFT will not be responsible for illegal and unauthorized activity attempted by me.

Student Signature: _____

Parents Signature: _____

Local Guardian Signature: _____

Date: _____

Station _____

Note: This form should be submitted in person on 22.07.2019 at the time of room allotment. Kindly enclose ORIGINAL DD/NEFT details of HOSTEL FEE payment, copy of Academic Admission receipt.

11. **DECLARATION OF STUDENT :**

I declare that the information given above is true to the best of my knowledge. I agree that if any information furnished above is found incorrect, my admission is liable to be cancelled.

I also undertake that I have read and will abide by the Rules and Regulations of the hostel in force from time to time. I clearly understand that allotment of rooms to students and mode of occupancy is not a matter of right. Final decision for grant of admission to the hostel will be bound to me as decided by the Competent Authority of the NIFT Delhi Campus.

I clearly understand NIFT will make all efforts to provide emergency medical care but the institute cannot be held responsible for any eventuality. I clearly understand that I am responsible for seeking Medical/Clinical advice for all my ailments, disease, infection from Campus Doctor or outside and take necessary care and take medicines/treatment. I clearly understand that I have seen & read NIFT hostel Resident Rules and in case of non-compliance of any rules by me, the institute has right to expel me from the Hostel without any notice in writing. NIFT will not be responsible for any illegal and unauthorized activity attempted by resident student.

Date

Signature of student

12. **DECLARATION OF PARENTS:-**

1. I/We have read the Hostel Rules & Regulations laid down by the Institute and agree to abide by them.
2. I/We hereby authorize the person as stated on Page 2 of this form to act as Local Guardian for my ward. I/We also delegate my/our responsibility to him/her and authorize him/her to take necessary decision and action in my/our absence.
3. I/We certify that my/our residential address and the Local Guardians address and contact details as mentioned on page 2 of this form are correct. In case of any change, I/We will intimate the same to the NIFT, Patna Campus within 7 days.
4. My/Our ward will not indulge in any act of RAGGING. If he/she found indulging in any such act or misbehaviour, disciplinary action may be initiated against him/her as per the provisions of the Act No. IPC 326 (Serious Injury), 323 (Injury) and IT Act 67 (Vulgar SMS) and he/she may be expelled from the NIFT, Patna Campus if found guilty. If my/our ward is involved in any act of ragging, an Fir may be lodged against him/her.

Date: _____

Place: _____

13. **DECLARATION OF LOCAL GUARDIAN:**

1. I, do hereby agree to be the Local Guardian of ward of Mr./Mrs. and agree to take his/her responsibility in the absence of the Parents.

2. I hereby undertake that I have read the Hostel Rules & Regulations of the NIFT, Patna Campus and agree to abide by them.

3. I confirm that my address and contact details are as mentioned in Page 2 of this form. In case of any change in the details, I will intimate the same to the NIFT, Patna Campus management within 7 days.

4. I hereby undertake that in case of any sickness, particularly in case of any infectious/communicable disease or any emergency, it will be my responsibility to keep the ward with me during the directed period by the Campus authorities.

Date: _____

Place: _____