



Form No. \_\_\_\_\_

## NATIONAL INSTITUTE OF FASHION TECHNOLOGY, DAMAN

An Institute of Design, Management & Technology  
[ Ministry of Textiles, Government of India ]

### HOSTEL APPLICATION FORM

**Nature of Admission: Regular/ NRI**

**Floor: \_\_\_\_\_ Room No. \_\_\_\_\_**

**Type of accommodation: AC**

**All details to be written in uppercase including email id**

**1. Name of the student:**

**2. Unique Id No. :**

*(Academic Roll No. for eg. BD/20/0001)*

**3. Date of Birth: \_\_\_\_\_**

**4. Gender: \_\_\_\_\_**

**5. E-mail ID(student's): \_\_\_\_\_**

**6. Mobile No. \_\_\_\_\_**

**7. Aadhar Card No. \_\_\_\_\_**

**8. Blood Group \_\_\_\_\_**

**9. Course: UG - TD/FD, PG - MFM/ Semester \_\_\_\_\_**

Affix passport  
size  
photograph

**9. Parents details:**

Affix stamp size photograph of Father

<b>FATHER'S NAME</b>	
<b>OCCUPATION</b>	
<b>OFFICE ADDRESS</b>	
<b>RESIDENCE ADDRESS</b>	
<b>LANDLINE TELEPHONE No.</b>	
<b>MOBILE No.</b>	
<b>EMAIL ID</b>	

Affix stamp size photograph of Mother

<b>MOTHER'S NAME</b>	
<b>OCCUPATION</b>	
<b>OFFICE ADDRESS</b>	
<b>LANDLINE No.</b>	
<b>MOBILE No.</b>	
<b>EMAIL ID</b>	

**10. LOCAL GUARDIAN DETAILS**

*Kindly note: Students are allowed to visit their authorized Local Guardian ONLY. They are not allowed to visit their friends' residence/friends' LG at any Circumstances. If there is no Local Guardian, you may mention NOT APPLICABLE*

Affix stamp size photograph of Local Guardian

<b>NAME</b>	
<b>RELATIONSHIP DETAILS</b>	
<b>OCCUPATION</b>	
<b>OFFICE ADDRESS</b>	
<b>RESIDENCE ADDRESS</b>	
<b>LANDLINE TELEPHONE NO.</b>	

<b>MOBILE NO.</b>	
<b>EMAIL ID</b>	

**11. ALTERNATE ADDRESS FOR CORRESPONDENCE: (If Any)**

<b>ADDRESS 1</b>	<b>ADDRESS 2</b>

**12. Any illness/Health Problem/ Medical Complaints /Mental/ Physical/ Skin Disease [YES/NO]**

<b>Sr. No.</b>	<b>Name &amp; Type of Diseases</b>	<b>Duration of Diseases</b>	<b>Care Required</b>

*[Any changes in the contact details of parent and local guardian, kindly furnish the same to the hostel warden through the mail id provided]*

**13. 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 to abide by the NIFT Hostel 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 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 or unauthorized activity attempted by me.

vii. Under No Circumstance the seat/ room allotted to me will be changed.

Student signature: \_\_\_\_\_

Parents Signature: \_\_\_\_\_

Date:

Station:

(Name of Hometown)

Note: This form should be submitted in person at the time of room allotment, when you reach Hostel. Kindly enclose NEFT details of HOSTEL FEE payment, copy of Academic Admission receipt along with this form.