

## FORM FOR NON- HOSTELLERS

Local Guardian(s) duly authorized by the parents of the student to be contacted in emergency.

Full name of local guardian \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ Pin \_\_\_\_\_

Contact no. \_\_\_\_\_ (Landline) \_\_\_\_\_ (Mobile)

### PLACE OF STAY DURING THIS SEMESTER (NON-HOSTELLERS)

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ Pin \_\_\_\_\_

Contact no. \_\_\_\_\_ (Landline) \_\_\_\_\_ (Mobile)

### DETAILS OF EDUCATIONAL QUALIFICATIONS (FROM HIGH SCHOOL ONWARDS)

Name of Qualifying Exam	Year of Passing	School / College	Board / University	Subjects / Stream	Class / Division Grade /Percentage

### UNDERTAKING

I solemnly affirm that the above information made and furnished by me is true and correct. Further, I am being admitted to the above stated program entirely on my request and I agree to abide by all the rules and regulations of the College, which I have read and understood. I was given opportunity to clarify any doubts I had and I shall not hold the University responsible for not understanding the same. In the event of suppression or distortion of any fact like educational qualification, nationality etc. made in the Registration-cum-Enrollment Form, I understand that my admission is liable for cancellation.

Date \_\_\_\_\_

Place \_\_\_\_\_

\_\_\_\_\_  
Signature of the student

### FOR OFFICIAL USE

Enrollment no. Allotted: \_\_\_\_\_

Date \_\_\_\_\_

Place \_\_\_\_\_

\_\_\_\_\_  
Signature of authorized officer

## MEDICAL CERTIFICATE

TO BE SUBMITTED AT THE TIME OF ADMISSION

Based on careful examination, I certify that Mr. / Ms. \_\_\_\_\_  
\_\_\_\_\_ Son of / daughter of Shri \_\_\_\_\_

whose signature is given below is in good mental and physical health and is free from any physical defects which may interfere with his / her studies including the active outdoor duties required for a professional.

Visible mark of identification is \_\_\_\_\_

\_\_\_\_\_  
Signature of candidate

Place \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Medical Officer  
With seal & registration number

\_\_\_\_\_  
Name of Medical Officer

## AFFIDAVIT BY THE STUDENT

(ON Rs .10/- STAMP PAPER) TO BE NOTARISED

I \_\_\_\_\_ *S/o, D/o, W/o* \_\_\_\_\_

Resident of \_\_\_\_\_

\_\_\_\_\_ do hereby solemnly affirm and declare as under :

1. That I am a student of NIMT in its \_\_\_\_\_  
\_\_\_\_\_ Course / program.

2. That I have received and gone through and understood the law prohibiting ragging and the directions of Hon'ble Supreme Court / Uttar Pradesh prohibition of Ragging in Educational Institutions Act, 2010 / UGC Regulations on curbing the Menace of Ragging in Higher Education Institution, 2009 and NIMT Regulations made in this regard, to be followed by all students of the various University / Institutions.

3. I hereby solemnly affirm that:

(a) I will not indulge or involve myself in any behavior or act that may come under the definition of ragging.

(b) I will not participate in or abet or propagate ragging in any form.

(c) I will not hurt anyone physically or psychologically or cause any other harm.

4. I have fully understood that if found indulging or guilty of any aspect of ragging within or outside the University Campus, I may be punished as per the provisions of the Regulations / Directives mentioned above and / or as per the law in force and for which I will be solely responsible and shall not claim any compensation whatsoever from the Institution/university or its office bearers.

5. I hereby declare that I have not been expelled or debarred from admission in any Institution / University in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging. In case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

\_\_\_\_\_  
DEPONENT

VERIFICATION: Verified at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 2014, that the above affidavit is true and correct.

\_\_\_\_\_  
DEPONENT

## AFFIDAVIT BY THE PARENT

(ON RS.10/- STAMP PAPER) TO BE NOTARISED

I \_\_\_\_\_ *S/o, W/o* \_\_\_\_\_

Resident of \_\_\_\_\_

\_\_\_\_\_ do hereby solemnly affirm and declare as under :

1. That my son / daughter Mr./Ms. \_\_\_\_\_ is a student of NIMT in its \_\_\_\_\_ Course / Program.

2. That I have received and gone through and understood the law prohibiting ragging and the directions of Hon'ble Supreme Court / Uttar Pradesh prohibition of Ragging in Educational Institutions Act, 2010 / UGC Regulations on curbing the Menace of Ragging in Higher Education Institution, 2009 and NIMT Regulations made in this regard to be followed by all students of the various University / Institutions.

3. I assure you that my son / daughter will not be involved or indulge in any act of ragging that may come under the definition of ragging.

4. I have fully understood that in case my son / daughter will be found indulging or involved in ragging within or outside the premises of the University, s/he shall be appropriately punished as per the provisions of the Regulations / Directives mentioned above for which s/he shall be solely responsible. I or my son / daughter shall not hold liable the College/University or any of its officials for any loss(s), damage(s) and shall not claim any compensation from the University or its office bearers.

5. I hereby declare that my son / daughter has not been expelled or debarred from admission in any Institution / University in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging. In case the declaration is found to be untrue, the admission of my son / daughter is liable to be cancelled.

\_\_\_\_\_  
DEPONENT

VERIFICATION: Verified at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 2014, that the above affidavit is true and correct.

\_\_\_\_\_  
DEPONENT

## UNDERTAKING

(TO BE SUBMITTED BY STUDENTS WHOSE RESULTS HAVE NOT BEEN DECLARED AT THE TIME OF ADMISSION/REGISTRATION)

I, (Name of the candidate) \_\_\_\_\_

Son / Daughter / Wife of \_\_\_\_\_

Resident of \_\_\_\_\_

\_\_\_\_\_

Seeking admission to \_\_\_\_\_ (Name of the Program) of NIMT, hereby solemnly affirm and declare that:

(a) I have appeared in all the papers of Final Semester / year of \_\_\_\_\_ Examination of (University / Autonomous Institution / Board), the result of which has not yet been declared and expected to be declared latest by 31st September, 2014, I further certify that I have no back papers of previous semesters / years in which I am yet to appear.

(b) I have carefully gone through the rules regarding provisional registration and fully understand that in the event of my failure to submit to the University, appropriate proof of my fulfilling the laid down eligibility conditions for admission to \_\_\_\_\_ (Name of the Program) of NIMT by 31st September, 2014 my provisional registration to the said course will automatically stand cancelled and fee deposited by me will be forfeited. Further, I will not be allowed to attend the classes from 1st October 2014.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of the Student

## UNDERTAKING BY THE PARENT / GUARDIAN

(ON RS.10/- STAMP PAPER) TO BE NOTARIZED

I \_\_\_\_\_  
Parent / Guardian of \_\_\_\_\_ hereby  
undertake that I have carefully gone through the rules regarding Provisional  
Admission and fully understand that in the event of failure of my son / daughter /  
ward to submit the proof of fulfilling the laid down eligibility conditions for  
admission to the \_\_\_\_\_ (Name of course) at  
NIMT by 31st September, 2014, his / her provisional registration will automatically  
get cancelled and fee deposited by him / her will be forfeited.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent / Guardian

## HOSTEL REGISTRATION FORM (2014-15)

TO BE FILLED IN BLOCK LETTERS

### PERSONAL PARTICULARS

Name \_\_\_\_\_

Program \_\_\_\_\_

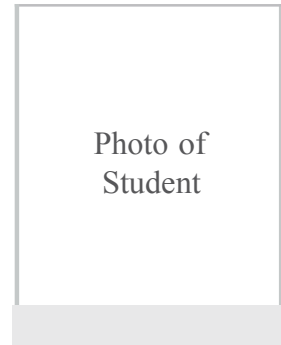
Batch \_\_\_\_\_

University Enrolment No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

Blood Group \_\_\_\_\_ E-mail \_\_\_\_\_

Medical History \_\_\_\_\_



### FAMILY PARTICULARS

Father's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mobile No. \_\_\_\_\_

Tel. No. (Res.) \_\_\_\_\_

E-mail \_\_\_\_\_

Mother's Name \_\_\_\_\_



## LOCAL GUARDIAN'S FORM (FOR HOSTELLER)

### LOCAL GUARDIAN 1

Name \_\_\_\_\_

Relationship \_\_\_\_\_

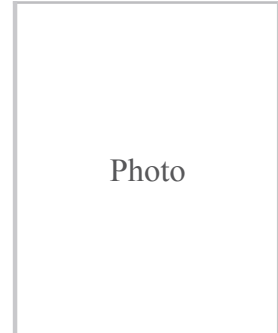
Occupation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Mobile no. \_\_\_\_\_ Landline no. \_\_\_\_\_

E-mail \_\_\_\_\_



### LOCAL GUARDIAN 2

Name \_\_\_\_\_

Relationship \_\_\_\_\_

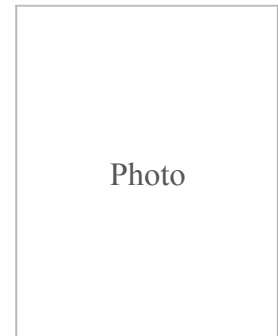
Occupation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Mobile no. \_\_\_\_\_ Landline no. \_\_\_\_\_

E-mail \_\_\_\_\_



### UNDERTAKING

1. I hereby affirm that I have read and understood the Hostel and the NIMT rules and regulations and I will abide by them.
2. I convey my willingness to accept the Hostel Accommodation as allotted to me.
3. I certify that the above information is correct. My hostel allotment may be cancelled if any of the above information is found to be incorrect.
4. I will inform the Hostel Administration promptly if there is any change in the status of the above information.

\_\_\_\_\_  
Signature of the student

Name \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of the parent

Name \_\_\_\_\_

### FOR HOSTEL OFFICE USE ONLY

\_\_\_\_\_  
Date & Time

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Hostel In charge



## FORM FOR IDENTITY CARD

TO BE FILLED IN BLOCK LETTERS

Admission no. \_\_\_\_\_

Enrollment no. \_\_\_\_\_

Full Name of the Student \_\_\_\_\_

Father's Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Blood group \_\_\_\_\_

Course/Program \_\_\_\_\_

Session \_\_\_\_\_ Nationality \_\_\_\_\_

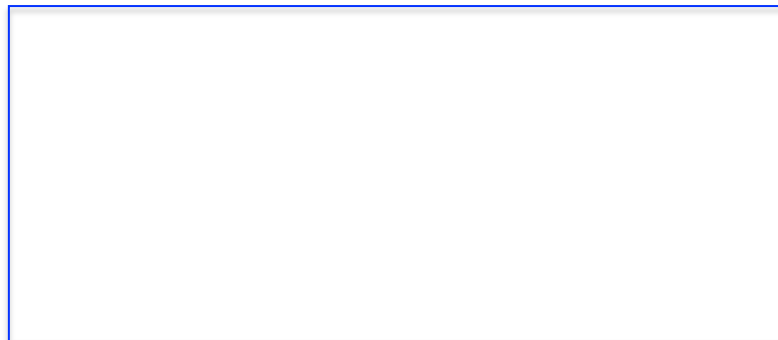
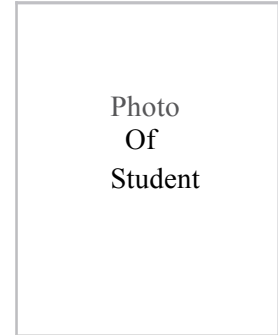
Category: General  OBC  SC  ST  Others

Student's mobile no. (This number shall be used in College's ERP for all communications) \_\_\_\_\_ Father's mobile no. \_\_\_\_\_

Landline no. (res.) \_\_\_\_\_

Permanent address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



Signature of the Student  
(Please sign within the box only)



ANNEXURE 10

## ADMISSION VERIFICATION SLIP

Name of the candidate \_\_\_\_\_

Name of the program \_\_\_\_\_ Code \_\_\_\_\_

Tel. no. (with STD code) \_\_\_\_\_ Mobile no. \_\_\_\_\_

Blood group \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_

### DETAILS OF FEE PAID

Details of submission of fees (Tuition Fee + Hostel Fee).

Fee	Payment Term (Semester/ Annual/ One Time)	Fee for Course Payable	Fee for Course Paid	Fee Due	Receipt Number
Admission Fee					
Tuition Fee					
Other Fee					
Hostel Fee					
Hostel Fee Paid (Please tick) Yes				<input type="checkbox"/>	No <input type="checkbox"/>

Please provide details of any scholarship amount awarded: (To be filled by Colleges' Staff) :

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\_\_\_\_\_  
Signature of candidate

I have carefully read and verified the information furnished by my son / daughter / ward and affirm that it is true and correct and he/she fulfills the eligibility conditions.

\_\_\_\_\_  
Signature of parent / guardian



## CHECKLIST OF DOCUMENTS SUBMITTED

Please ensure that all the documents have been duly filled and tick the documents submitted along with. Please mark NA wherever not applicable.

Please Mark Y in front of documents submitted	Document Name
	Annexure -1 FORM FOR NON HOSTELLERS
	Annexure -2 MEDICAL CERTIFICATE
	Annexure -3 AFFIDAVIT BY THE STUDENT
	Annexure -4 AFFIDAVIT BY THE PARENT
	Annexure -5 UNDERTAKING
	Annexure -6 UNDERTAKING BY THE PARENT / GUARDIAN
	Annexure -7 HOSTEL REGISTRATION FORM (2014-15)
	Annexure -8 LOCAL GUARDIAN'S FORM (FOR HOSTELLER)
	Annexure -9 FORM FOR IDENTITY CARD
	Annexure -10 ADMISSION VERIFICATION SLIP
	Photocopy of High School (Class Xth) Pass Certificate & Marksheet
	Photocopy of Inter School (Class XIIth) Pass Certificate & Marksheet
	Photocopy of Graduation & Post Graduation Certificate & Marksheet (For PG/PhD Students)
	Original Migration/ Transfer Certificate
	Caste/Category Certificate for OBC/SC/ST Candidates (If Applicable)
	Domicile Certificate (If Applicable under certain scholarship scheme)
	Character Certificate
	Gap Year Certificate (If Applicable)



## HOSTEL CHECKLIST

**List of articles to be brought by students while reporting at hostel:**

Bed Sheets

Pillow + Pillow Cover

Blanket / Quilt

Soap, Shampoo, Detergent, Towel (Toiletries)

Key and Lock