उत्तर पूर्व क्षेत्रीय शिक्षा संस्थान, , शिलांग NORTH EAST REGIONAL INSTITUTE OF EDUCATION, SHILLONG राष्ट्रीय शैक्षिक अनुसंधान एवं प्रशिक्षण परिषद NATIONAL COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING उमियम – 793103, मेघालय

उमियम – 793103, मेघालय UMIAM-793103, MEGHALAYA

| HOSTEL ADMISSIO | ON FORM | |
|--|--|---------------------------------|
| Course Admitted : | Registration No: | Affix a recent photograph |
| Name of the Student :(in Capital letters) | | |
| Permanent Address: | | |
| (Full Address) | | |
| Mother's name: | | |
| Father's name: | | |
| Any Health Issues:(medications, diseases, fits, Hyp | ertension, blood pressure, etc. | |
| | Contact in Emergency | |
| Name | Relation | |
| Contact Number (s): (1)Address | Relation(2) | |
| | | |
| t | Undertaking | |
| Accommodation is true to the be Regulations and promise to abid | information given by me in Application Form for est of my knowledge. I have read and understood to by them without any reservation. I hereby under any suitable disciplinary action against me for very suitable disciplinary action against me for very suitable disciplinary action. | he Hostel Rules and take if the |
| Dated: | | Signature of the |

Declaration

I do hereby declare that my ward will abide by all the rules and disciplines of the hostel otherwise he will be liable to expulsion from the hostel without any reference.

| Dated: | · | Signature of the Parent/Guardian |
|---------|-----------------------------|-------------------------------------|
| | | |
| | | |
| | FO | R OFFICE USE |
| | | |
| dated | Amount paid: Rs. | Received vide e-receipt payment no. |
| _ | D. CD. A. d. TY. A.I. | |
| | Date of Entry to the Hostel | Room Allotted |
| | | |
| | | |
| | | |
| | Hostel Warden | Dean (Instruction) |
| dated _ | Date of Entry to the Hostel | Room Allotted Dean (Instruction) |