



उत्तर पूर्व क्षेत्रीय शिक्षा संस्थान, शिलांग  
NORTH EAST REGIONAL INSTITUTE OF EDUCATION, SHILLONG  
(राष्ट्रीय शैक्षिक अनुसंधान एवं प्रशिक्षण परिषद्)  
(NATIONAL COUNCIL OF EDUCATIONAL RESEARCH & TRAINING)  
(शिक्षा मंत्रालय, भारत सरकार के अधीन एक स्वायत्त संगठन)  
(An Autonomous Organization under Ministry of Education, Government of India)

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**HOSTEL ADMISSION FORM**

Course Admitted : \_\_\_\_\_ Registration No: \_\_\_\_\_

Name of the Student : \_\_\_\_\_  
(in Capital letters)

Permanent Address: \_\_\_\_\_

(Full Address) \_\_\_\_\_

Mother's name : \_\_\_\_\_

Father's name : \_\_\_\_\_

Any Health Issues: \_\_\_\_\_

(medications, diseases, fits, Hypertension, blood pressure, etc)

**Contact in Emergency**

Name \_\_\_\_\_ Relation \_\_\_\_\_

Contact Number (s) : (1) \_\_\_\_\_ (2) \_\_\_\_\_

Address \_\_\_\_\_

**Undertaking**

I hereby declare that the information given by me in Application Form for Hostel Accommodation is true to the best of my knowledge. I have read and understood the Hostel Rules and Regulations and promise to abide by them without any reservation. I hereby undertake if the College/Institute Authorities take any suitable disciplinary action against me for violating of these rules. I will not have any complaint.

Dated: \_\_\_\_\_  
Student

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**

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**FOR OFFICE USE**

Amount paid : Rs. \_\_\_\_\_ Received vide e-receipt payment no. \_\_\_\_\_  
dated \_\_\_\_\_

Date of Entry to the Hostel \_\_\_\_\_ Room Allotted \_\_\_\_\_

**Hostel Warden**

**Dean of Instructions**