

(Ministry of Textiles, Govt. of India)

SIDCO Industrial Complex, Ompora, Budgam, 191111, J & K

Phone: 0194-2300995, 2300994, Email: hostels.srinagar@nift.ac.in

Form No (To be filled by Office)	Room Allocated((To be filled by Offic
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Hostel Application Form

(Session 2023-24)

sport raph

		Recent Pass size photog of the studer
1.	Name of the Student:	
	(In capital letter) (First Name) (Middle Name) (Last N	ame)
2.	Adhaar Number:	
3.	Date of Birth DD/MM/YYYY:	
4.	Name of Course/ Program:	
5.	Batch:	
6.	Semester:	
7.	Category: GEN SC ST OBC PHP	
	[Tick Mark (·) in appropriate box]	
8.	Mode of Admission: Regular Student/NRI Student	
9.	Father's/ Guardian's Name:	



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10.	Residential Address:				
				Pin:	
11.	Father's	s office Address:		Dia	
Tele	phone N	o: (R)	Mok		
	h STD Cc				
E-ma	ail ID (Fat	ther):			
		me:			
		ddress:			
Mot		ce Address:			
- .		(D)			
	•	o: (R)	Mot	oile No:	
-	h STD Co	•			
		other):			· · · · · · · · · · · · · · · · · · ·
Any	S.no	Health Problem/ Medical con Name & Type of Diseases	Duration	Care required	Remarks
	3.110	Maine & Type of Diseases	of	Care required	Remarks
			Diseases		
Rloo	d Group	<u>:</u>			



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Hostel Fee details: (Please see Fee order before filling the below table)

Particulars	Amount in Rs.
Hostel Fee (Annual)	
Security Deposit Hostel (Refundable)	
Security Deposit Hostel (Non-Refundable)	
Electricity Charges (Annual)	
Service Charges (Annual)	
Mess Charges (Per semester)	
Total fee amount in Rs	

Details of Payment Transaction

Name of Depositor	
Transaction ID	
Date	
Amount	



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Recent Passport	Recent Passport	Recent Passport
Sizephotograph of	Sizephotograph of	Sizephotograph of
Father	Mother	LocalGuardian

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. The final decision for grant of admission to the hostel will be bound to me as decided by the competent Authority of NIFT.

I clearly understand that allotment of rooms to students and mode of occupancy is not a matter ofright. I clearly understand NIFT will make all efforts to provide emergency medical care but the Institute can't be held responsible for any eventuality. I clearly understand that I am responsible for seeking Medical/Clinical advice for all my ailments, disease and taking necessary care, and taking medicines/treatments. I clearly understand that I have seen & read NIFT hostel Resident Rules and in case of non-compliance by me, the institute has the 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 students.

Date:	
Place:	
	Signature of Student:
	Signature of Father/Mother:
	Local Guardian at Srinagar:
Encl.:	