राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान–हाजीपुर
NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION AND RESEARCH (NIPER) - HAJIPUR
(Department of Pharmaceuticals, Ministry of Chemicals & Fertilizers, Govt. of India)
Export Promotions Industrial Park (EPIP), Industrial Area, Hajipur
Dist: Vaishali, State: Bihar, India, PIN: 844102 Website: www.niperhajipur.ac.in

HOSTEL ADMISSION FORM

Affix your passport size photograph here

Registration No. ……

Academic Year	20	To	20	

Name of the Candidate (In Block Letters)	

Date of Birth	DD			MM			Year				

Age_____Years Male/Female_____ Single/Married_____

Course: _____ Year of Study_____

Date of Admission_____

Contact No. of the Candidate_____ E-mail: _____

Name of the Parent/Guardian _____

Mob. No. 1. _____2. _____

E-mail: _____

Name of the Local Guardian _____

Address of the Local Guardian _____

_____

Mob: 1. _____ 2. _____

E-mail _____

Address of the Correspondence _____

_____

E-mail _____

Whether the Candidate had

Stayed in any hostel before Yes/No

Whether the candidate has any medical history of ailments: Yes/No. Blood Group_____

(If yes please state briefly and attach medical certificates) _____

DECLARATION BY THE STUDENT

I_____have read the rules and regulations of Hostel uploaded

on the website of NIPER Hajipur. I agree to abide by all the rules and regulations of the institution with regard to hostel stay, which may be framed from time to time and accept the decision of the management in all respects as final and binding on me for compliance.

Place: _____

Date: _____ Signature: _____

DECLARATION BY THE PARENT/GUARDIAN

I assure that my ward will abide by the rules and regulations of the Hostel. I have no objection if my ward is expelled from the Hostel for violating the rules.

Place: _____

Date: _____ Signature: _____

ROOM INVENTORY DETAILS

Room No._____

Details of room inventory

1.---------- **5.----------**

2.---------- **6.----------**

3.---------- **7.----------**

4.---------- **8.----------**

FOR OFFICE USE ONLY

Name of the Program_____ Room No._____

Roommate's Name_____Class _____

Room handed over with the following furniture _____

_____

Admitted to hostel on _____

Amount Paid _____ Receipt No _____

Signature of the Hostel Supervisor

Signature of Warden