Email: hosteloffice@nitandhra.ac.in



राष्ट्रीयप्रौद्योगिकीसंस्थान- आंध्रप्रदेश NATIONAL INSTITUTE OF TECHNOLOGYANDHRA PRADESH TADEPALLIGUDEM- 534102, WEST GODAVARI DIST., ANDHRA PRADESH, INDIA.

HOSTEL OFFICE- Hostel Accommodation Form

1.	No: Name of the Candidate : (in block Letters with surname) i) Program: B.Tech/M.Tech/MS(Res)/Ph.D ii) Branch: iii) Year & Semester: iv) Reg / Roll No: D D M M Y Y Y Y	Affix Pass Port Size Photograph
3.		(Male/Female):
4. 5.	Father/Mother/Guardians Name (in block letters): i) Detailed Address for Communication: (Permanent Address)	
6. 7.	ii) Mobile Numbers: Parent/Guardian: Stud iii) Landline Number (if any): STD Code: Phone number: i) Nationality: ii) Religion: Aadhaar Card Number [attach photo copy(s)]	ent:
	a) Student: b) Father: c) Mother: characteristic control co	
ho ur	I hereby declare that I will abide by the rules and regulations framed by the Hostel AdmidAC) from time to time and in the event of any misconduct and /or violation of hostel rules by nostel / institute property, I am aware that I have to undergo disciplinary action recommended and action to the commendation of the commendat	ne and destruction of ed by HAC. I hereby
	ace: ate: Signature	of the Candidate
in	DECLARATION BY THE PARENT/GUARDIAN hereby declare that my ward/son/daughter/Mr./Miss./Ms. B.Tech/M.Tech/MS(Res)/Ph.D. nall abide by the rules and regulations of the hostel in force failing which, he/she can be expell stitute or both. ace:	Branch
	ate: Signature of the Parent/Guard	dian
	(FOR OFFICE USE ONLY) Please admit Mr./Miss/Ms	nt Boarder.