# NITM.jpgराष्ट्रीयप्रौद्योगिकीसंस्थानमेघालय

# NATIONAL INSTITUTE OF TECHNOLOGYMEGHALAYA

**STUDENT DETAILS**

**For office use only**

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| **Photo No.** |  | **Type** | STUDENT |
| **Date** |  |

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| **Important Instruction:Please fill in the form in BLOCK LETTERS** |

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| **1.** | **First Name** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Should not exceed 20 letters** |
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| **2.** | **Middle Name** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **3.** | **Last Name (in full)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **4.** | **FATHER / MOTHER’S NAME** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **5.** | **PROGRAMME** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **6.** | **Department** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **7.** | **Validity (DD/MM/YYYY)** |  |  | **/** |  |  | **/** | **2** | **0** | **1** |  |
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| **8.** | **ROLL NO.** |  |  |  |  |  |  |  |  |  |  |

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| **9.** | **Present Residential Address (mandatory for applying)** | | | | | | | | | | | |
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| **10** | **Permanent Address** | | | |
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| **11.** | **Emergency Contact No.** |  |  |  |  |  |  |  |  |  |  |  |

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| **12.** | **Blood Group** |  |

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| **13.** | **Date of Birth (DD/MM/YYYY)** |  |  |  |  |  |  |  |  |  |  |

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**Signature of the STUDENT**

This card is not transferable. If found, please return it to the Director, NIT Meghalaya, Laitumkhrah, Shillong-793003, Meghalaya, India.

**IN CASE OF EMERGENCY, DETAILS OF THE PERSON TO BE CONTACTED (ADDRESS & PHONE NO.):**

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| **1.** | **SHILLONG** | | | | | | | | | | | |
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| **2.** | **GUWAHATI** | | | | | | | | | | | |
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| **3.** | **ANY OTHER PLACE** | | | | | | | | | | | |
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