NATIONAL INSTITUTE OF EDUCATION & TECHNOLOGY

(राष्ट्रीय शिक्षा और प्रौद्योगिकी संस्थान)

APPLICATION FOR CHANGE OF ADDRESS OF THE STUDENT

To,

The Director,
Om Institute of Vocational Education & Training,
SCO-133, 2nd Floor, Sector-25
Panchkula-134116 (Haryana)

Name of the Student		
Name of the Course		
Mobile No. & E-mail		
Registration No.		
Training Centre Name with Code		
Existing Address		
Address to be Change		

DECLARATION BY THE STUDENT

I hereby declare that entries made above are correct and accurate to the best of my knowledge and that they have been made in my own handwriting.

D.D. Details: Demand Draft of **Rs. 500/-** in favor of **OM EDUCATION & WELFARE SOCIETY** payable at **PANCHKULA.**

D.D. No.: _____ Amount: _____ Issuing Date: _____ Issuing Bank: _____

Date:

_____
Signature of the Student

NATIONAL INSTITUTE OF EDUCATION & TECHNOLOGY

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APPLICATION FOR STUDY CENTRE

Affix Recent Passport Size Photo

Name of Owner / Director :

Name of Institute / College / School / Society / Trust / Partnership Firm / Trust / Other :

Complete Postal Address :

District

State

Pin Code

Contact Details

Mobile No. (1)

Mobile No. (2)

STD Code

Dot No. (1)

Dot No. (2)

Email-Id

Website (If Any)

Infrastructure Details :

S.No.	Infrastructure	Units	Area (Sq. Ft.)	Seating Capacity
1.	Training Rooms			
2.	Computer Labs			
3.	Library			
4.	Theory Rooms			
5.	Counselling Rooms			

Institutional Laboratory :

S.No.	Laboratory Name	Units	Area (Sq. Ft.)	Seating Capacity & Facility
1.				
2.				
3.				
4.				
5.				

Library Details :

S.No.	Types of Books	No. of Units
1.	Reference Books	
2.	Computer Books	
3.	Journals	
4.	News Papers	
5.	Technical / Non-Technical Books	

NOTE : Enclose the following documents :

1. List of Faculty with their Qualification.
2. Naksha or Architectural Layout of Floor Plan of Institute / College / School / Educational Place.
3. Recent Photograph of Institute / Practical Lab / Library / Theory Room / Counseling Room.
4. Authorized Copy of Society / Partnership Firm / Trust / other.

DECLARATION

I hereby undertake that in case of deficiency or diversion from the norms, the NIET shall be right to cancel / suspend or terminate the authorization of my Centre / College / School without any prior notice & given any fees will not be back or adjust in any condition.

_____.	_____.	_____.	_____.
DATE	PLACE	STAMP OF INSTITUTE	SIGNATURE OF OWNER

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DUES CLEARANCE CERTIFIED

(To be filled by Candidate)

- Student Name :_____
- Father's Name :_____
- Student Contact No. :_____ E-mail : _____
- Student Registration No. :_____
- Course Name With Code:_____
- Duration of Course :_____ Session : _____
- Vocational Training Centre Name With Code: _____

_____

DUES CLEARANCE CERTIFIED

(To be filled by Training Centre Only)

- Vocational Training Centre Head Name : _____
- Remarks (If Any) : _____
- Authorized Signatory : _____

Date :

Place : Vocational Training Centre Stamp

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EXAMINATION FORM

Regd. No._____ **Roll No.**_____

Course Name:_____ **Code:**_____

Self-attested Passport size Photograph

A. Particulars of Candidate (In Block letters):

1. Full Name of Candidate (Sh./Smt/Km)……

2. Father's/Husband's Name (Shri) ……

3. Mother's Name (Smt)……

4. Date of Birth …… *5. Year/Semester*……

6. Complete Address……

……

7. Permanent Address ……

……

8. Phone /Mob. No. : …… *9. E-mail ID:* ……

7. Name of Training Centre with City: ……

8. Preferred City of Examination: ……

(Note- In case if preferred city is not mentioned, the city of Training Centre will be considered as the city of examination)

B. Subjects of Examination:

Sr. No.	Paper Code	Paper / Subject

C. Exam Fee Details (to be filled by Training Centre/Individual):

Exam Fee Rs. …… DD Details : DD No……..Date…….. Amount……..... Bank……..…..

UNDERTAKING BY STUDENT

I hereby undertake that:

1. I know the eligibility to appear in the annual/semester examination.
2. I have mentioned and submitted the course fee to the Institute.
3. I have clearly filled all the subjects of my course in which I will appear in the examination.
4. I have mentioned my Training Centre Code & Registration Number in the form.
5. I have attended all the necessary practical classes at my Admission Centre.
6. I have self attested my photograph on the form.
7. I have clearly mentioned the city in which I wish to give my examination.

All the information filled by me in this examination form is true to the best of my knowledge.

(Full Signature of Student)

Sign . of Admission Centre /Training Centre (with Office Seal & Date)

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APPLICATION FOR CHANGE OF TRAINING CENTRE

To,

The Director,

NIET **TOHANA ROAD BHUNA (Ftb)**

website : *www. nietedu.in*

Email-id : *nietbhuna@gmail.com*

Pin cord :- 125111

Name of the Student		
Name of the Course		
Mobile No. & E-mail		
Registration No.		
Present Training Centre Name with Code		
Training Centre Name with Code sought by You		

DECLARATION BY THE STUDENT

I hereby declare that entries made above are correct and accurate to the best of my knowledge and that they have been made in my own handwriting.

D.D. Details: Demand Draft of **Rs. 500/-** in favor of **NIET** payable at **BHUNA**

D.D. No.: _____ Amount: _____ Issuing Date: _____ Issuing Bank: _____

Date:

Signature of the Student

NATIONAL INSTITUTE OF EDUCATION & TECHNOLOGY

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STUDENT ATTENDANCE SHEET

Roll. No.	Registration No.	Exam-Session
Student Name		Paste Your Recent Self – Attested Colour Photo. Don't Pin or Staple
Father Name		
Date of Birth		
Training Centre Name		
Course Name & Code		

Student Signature

Sr. No.	Date	Subjects/Papers	Student Sign	Invigilator Sign
1				
2				
3				
4				
5				
6				
7				
8				

Note: Please send the attendance copy with the Answer Sheets.

Signature of Training Centre with Seal

Controller of Examination

NATIONAL INSTITUTE OF EDUCATION & TECHNOLOGY

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Re-evaluation Application Form

(To be filled by Candidate – For Face to Face Programme Only)

1. Name of Candidate: _____
2. Father's Name: _____
3. Course Name: _____ 4. Code: _____
5. Registration No.: _____ 6. Roll No.: _____
7. Course Duration: _____ 8. Session: _____
9. Address of Candidate: _____

_____

10. Name of the Examination Centre from where the student had appeared at the Exam: _____

_____

11. Subjects and Papers for which Scrutiny/Re-evaluation is being applied for

(Not more than 50% of the total Theory Papers):

Sr. No.	Subject	Marks Secured Presently
1.		
2.		
3.		
4.		
5.		

Note: - Original Marks Sheet is to be submitted along with this application; Otherwise this form will not be considered. Re-evaluation fees of one Subject/Paper is Rs. 500/-.

12. Fees deposited vide Demand Draft No._____ Dated_____ For Rs._____

I hereby admit that I have read the rules of Re-evaluation and agree to accept/abide by the revise result which would be declared by NIET in response to my application.

Date: _____

_____

(Signature of Candidate)

Place: _____

Signature of forwarding authority with official seal

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GRIEVANCE FORM

To,

The Director, ,

NIET **TOHANA ROAD BHUNA (Ftb)**

website : *www. nietedu.in*

Email-id : *nietbhuna@gmail.com*

Pin cord :- 125111

Name of the Student	
Name of the Course	
Registration No.	
Address	Mobile No.: E-mail :
Grievance (Specify Briefly)	

Date:

Signature of the Student

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APPLICATION FORM FOR
OBTAINING THE PROSPECTUS AND ADMISSION FORM

Name of Applicant: _____

Father's Name: _____

Complete Postal Address: _____

_____

_____

City: _____ Pin: _____

State: _____ Country : _____

Contact No.:_____ E-mail ID: _____

Course name interested for: _____

D.D. Details: Demand Draft of **Rs. 350/-** in favor of **NATIONAL INSTITUTE OF EDUCATION & TECHNOLOGY** payable at **BHUNA**

D.D. No.: _____ Amount: _____

Issuing Date: _____ Issuing Bank: _____

_____
(Signature of Applicant)

Complete Application along with the D.D., please send to the address given below: –

HEAD OFFICE :- NIET

TOHANA ROAD BHUNA (Ftb)

website : *www. nietedu.in*

Email-id : *nietbhuna@gmail.com*

Pin cord :- 125111

Mob. No. :- 9729291028 , 9812941711

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APPLICATION FOR RE-REGISTRATION

(PLEASE FILL IN BLOCK LETTERS)

Course/ Programme Details :

Application for Admission to : _____ Course Code : _____

Department Name : _____

Training Centre : _____

Training Centre Code : _____ Session / Year : _____

Regd. No. : _____ Roll No. : _____

Affix your recent Passport size photograph

Mode : Online ☐ Distance ☐ Face to Face ☐

Signature

Candidate Personal Details :

Name (Mr./Ms.) : _____ Gender : Male ☐ Female ☐

Father / Husband Name : _____ Marital Status : Married ☐ Unmarried ☐

Mother Name : _____ Nationality : Indian ☐ Non-Indian ☐

Date of Birth : ☐☐ ☐☐ ☐☐☐☐ (As Per Mark Card) Category : SC ☐ ST ☐ BC ☐ OBC ☐ GENERAL ☐

Contact Details :

Address : _____

_____ Pin : _____

Mob. _____ Phone No. _____ E-mail: _____

Subjects/ Papers in which Candidate Appearing :

Sr. No.	Subject Code	Subject / Paper Code

Declaration Training Centre :

I certify that I have personally verified the original certificates and the attached documents including DD's/Cheque's. I shall be held responsible for any kind of litigation with regards to services.

Place: .....

Date: .....

Training Centre Seal

Authorized Signatory of Training Centre

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TRAINING CENTRE DATA FORM

Name of the Institute / Training Centre / School / College	_____ _____ _____
Address of the Institute /Training Centre / School / College	_____ _____ Tehsil:_____ District:_____ State:_____ Pincode:
Contact Information of the Institute / Training Centre / School / College	Mobile: _____ Land Line:_____ E-mail:_____
Head of the Institute / Training Centre / School / College (Name)	
Courses Already Running Details	
Affiliations or Approvals Details	
No. of Classrooms	
No. of Students	
Seating Capacity of Classrooms	
Total Space Available (in sq. ft.)	
Whether Adequate Provision for Drinking Water & Toilet?	Yes ☐ No ☐ Details :