



NIPS Group

Campus I
EC 98, Sector I, Salt Lake City, Kolkata 700 064, India
Phone : 033 2358 6476 / 2334 3079, Fax : 033 2334 3067

Campus II
Mahishbathan, Sector-V, Salt Lake City, Kolkata 700 102, India
Phone : 033 2367 5127-29, Fax : 2367 5177
E-mail : nipsca@vsnl.com, Website : www.nipsgroup.in

AFFIX
A RECENT
PASSPORT
SIZE

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Applicant to Complete

Personal Details

Surname First Name Middle Name

Mr./Mrs./Miss./Ms.

Date of Birth Address for Correspondence Nationality

Day Month Year

Sex: Male Female Passport Number

Telephone Number Mobile Number E-mail

(Area Code)

Father's Name:

Occupation: Phone:

Company: Position:

Address:

Mother's Name:

Occupation: Phone:

Company: Position:

Address:

For Outstation Candidates

Local Guardian:

Occupation/ Employer:

Address: Position:

Phone: Office: Residence: Mobile:

Course applied for:



Language(s) Spoken (Please underline the Mother tongue)

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Extra curricular Activities :

Qualification

You must attach certified copies of all qualifications and your academic transcripts giving your grades

Name of Institution

Year attended (from/to)

Name of Examination

Declaration from Parent/Guardian

I have permitted my son/daughter/ward to join NIPS Group, Kolkata and I shall be responsible for his/her conduct and discipline as laid down by the Institute. I declare that the information given by him/her in this application is correct. I also undertake to pay the fees and dues, if any, on time.

Name of Parent/Guardian

Occupation

Address:

Telephone Number:

Mobile:

In case of emergency please call:

Name:

Telephone:

Date

Signature of Applicant

Signature of Parent/Guardian



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Certificate of Physical Fitness

Personal Details

Name of the Applicant

Address

Age Years Sex M/F Height cm Weight kg Blood Group

Whom to Contact in case of Medical Emergency

Name:

Relationship:

Address:

Phone: Mobile:

Applicant's Information

Whether the applicant has been inoculated against:

- Triple Antigen
- Polio
- BCG
- Hepatitis B
- Chicken Pox
- Typhoid
- MM

Previous Medical History if any



Any surgery or hospitalisation during the last two years:

(To be filled in by a Registered Medical practitioner)

I, Dr..... Regn. No.
certify that the above mentioned applicant is not suffering from any of the diseases mentioned below,
nor from any other disease which may be contagious, infectious or harmful to others.

- | | |
|---------------------|------------------------------------|
| 1. Tuberculosis | 2. Epilepsy |
| 3. Diabetes | 4. Psychopathy |
| 5. Venereal disease | 6. Any other disease (Specify).... |

Special Comments if any:

Name & Address of the Medical Practitioner:

Date:

Place:

Signature of the Registered
Medical Practitioner with seal



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Form for Hostel (Boys & Girls)

Personal Details

Title	Family Name	Given Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mr./Mrs./Miss./Ms

Permanent Address:

Parents' Phone No. : Office: Residence: Mobile:

In case of Emergency:-

Local Guardian:

Address:

Phone: Office: Residence: Mobile:

Please give history of serious illness in the past, if

Course:

Signature of Applicant

Signature of Parent/Guardian

Date

NOTE : Hostel accommodation will be provided only to those students who apply at the time of admission, else accommodation in the hostel will be provided subject to availability of seats at the beginning of the session/term.



WORLDWIDE

Hospitality Awards