NEST BOYS HOSTEL, Gokalpur Jabalpur (M.P.)

Address: Above Bajaj Showroom Opposite Dental House, Gokalpur Jabalpur Contact: 7477050046, 9575690670, 7772000468

Name:	
Contact:	
Home Address:	
Aadhaar No.:	
Guardian Contact:	
Emergency Contact:	
Any Medical Issue:	
	, here by declare that I must follow all rules ails mentioned here in the form is true and not management, they free to take necessary actions
Signature	Guardian Signature

Rules and Regulation/Instruction

- **1.** Its mandatory for the students to Pay the Rent and Food Amount on or before 3rd of Every Month, if not 50/- Extra will be added per day.
- **2.** It's a 2 Month Bond to stay in the building premise and have to inform on notice before 15 days of Leaving the room to the authority.
- **3.** Daily Door Closing Time is 10:30 P.M., be sure to be inside before that. Fans and Appliance must be OFF when you are not in the Room.
- **4.** Personal Hygiene is to taken care of while using Bathroom or during taking food.
- **5.** No Meat Eating, Alcohol or any of the unhealthy environment will not be tolerated and can lead to vacant the room on immediate notice.
- **6.** Any loud music, foul language in Hostel Premise is prohibited, its suggested to use headphones for music or any other video's.
- **7.** Must inform to any authority about your leaving and coming as its very important for security purposes.
- **8.** Library is there for Study purpose, maintain the decorum of the room and sit on for study.
- **9.** Documents to submit for identification- Adhar Card/Voter ID / License (Photocopy), passport size Photo.
- **10.** Must Care for your things in the Hostel premise such as Money, Cloths and necessary needful things. Authorities will not be responsible if any mischief happens.

11. Contact:

For Kitchen: **Ambikesh Bhargava Sir -7772004746**For Account: **Pushpendra Godbole Sir: 7477050046**

NEST Boys Hostel - Monthly Receipt Name: ______ Date: _____ Parents Name: Contact: Phone Number: Total Amount Paid: Paid To: Signature NEST Boys Hostel - Monthly Receipt Name:______Date:_____ Parents Name: Contact: _____ Phone Number:______ Total Amount Paid: Paid To: Signature NEST Boys Hostel - Monthly Receipt Name:______Date:_____ Parents Name: Contact: _____ Phone Number:_____ Total Amount Paid: Paid To: Signature