

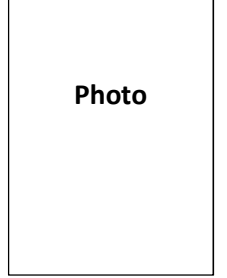


(Use capital Letter only)

APPLICATION FORM FOR ADMISSION TO UNDER-GRADUATE PROGRAMME

1. Roll Number: _____
2. Full Name: _____
Name in Hindi _____
3. Date of Birth:

D	D	M	M	Y	Y	Y	Y
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4. Place of Birth: _____ 4. Gender: Male/Female 5. Nationality: _____
6. Email ID: _____
7. Father's Name: _____
8. Father's Occupation: _____



9. Address for Correspondence	10. Permanent Address																																
----- ----- ----- City----- State----- Pin: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Mobile No. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																	----- ----- ----- City----- State----- Pin: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Mobile No. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																

11. Program: B.Tech. /BDes. _____
12. Discipline: CSE/ECE/ME/Design _____
13. Minority Detail: Muslim/ Jain/ Sikh/Christian/other
14. Aadhar Number

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15. Physically Handicapped: Yes/No _____
16. Category: GEN/OBC/SC/ST: _____
1. If SC/ST please tick (✓)
Parent Income less than 2 Lakh /b. Parent Income More than 2 Lakh
(If Parent income Less than 2 Lakh, Submit income Certificate.)
2. If GEN/OBC please mention income in Lakh:

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17. Academic Record

A. JEE Main Rank _____ Score _____ Year _____

B. Education: 10th & 12th

Class	Name of Board	Subject	Year of Passing	Marks Obtained	Percentage /Grade
10th					
12th					

18. Name and Address of Local Guardian (IF Any) _____

19. Emergency Contact Address and Phone No. _____

20. Whether suffering from any Chronic disease: Yes/No

If yes, provide detailed information

Details are required for Refunds Purpose:

Name of A/c Holder	A/c Number	Name of the Bank	IFSC Code	Branch Address

21. Declaration by the applicant:

I certified that all information provided by me in this form is correct to the best of my knowledge and belief. I understand that any willful misrepresentation of facts will result in my dismissal from the Institute. If admitted, I shall abide by all rules and regulations of the Institute.

Date:

Signature of the Applicant