

APPLICATION NUMBER

READ DETAILED INSTRUCTIONS GIVEN SEPARATELY
BEFORE FILLING THE APPLICATION FORM



POST GRADUATE

M.TECH

- NAME OF THE APPLICANT (AS MENTIONED IN CLASS X OR EQUIVALENT CERTIFICATE)

- DATE OF BIRTH

DATE MONTH YEAR

- SEX (TICK)

MALE FEMALE

- COURSE CHOICE

CHOICE 1 CHOICE 2 CHOICE 3 CHOICE 4

- NAME OF PARENT / GUARDIAN

- ADDRESS FOR CORRESPONDENCE (DO NOT REPEAT NAME)

DISTRICT

STATE

PIN CODE

STD CODE

TELEPHONE NUMBER

MOBILE NUMBER

- EMAIL ADDRESS

- ALTERNATE EMAIL ADDRESS

PHOTOGRAPH

Paste your recent passport
size colour photograph
not older than 3 months.
Do not pin or staple

LEFT THUMB
IMPRESSION OF APPLICANT

SIGNATURE OF APPLICANT

Sign within the box without touching the edges.

PLEASE TURN OVERLEAF ▶

