

## APPLICATION FOR ADMISSION ON B.TECH. FOR WORKING PROFESSIONALS

- Name of Course Applied: \_\_\_\_\_
- Name of Applicant: \_\_\_\_\_  
(FIRST NAME) (MIDDLE NAME) (LAST NAME)
- Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_
- Address for correspondence: \_\_\_\_\_  
\_\_\_\_\_
- Mobile No: \_\_\_\_\_ Email ID: \_\_\_\_\_
- Diploma Branch: \_\_\_\_\_ Seat No.: \_\_\_\_\_ Passing Month/Year : \_\_\_\_\_
- Grade of Diploma: \_\_\_\_\_ Equivalent Percentage of Graduation: \_\_\_\_\_
- Institute of Diploma (City): \_\_\_\_\_
- University of Diploma (State): \_\_\_\_\_
- Name of the Institute Applied for Admission: \_\_\_\_\_
- Name of the Branch for Admission: \_\_\_\_\_
- Educational Details:

Exam	Board/University	Passing Month & Year	Obtained Marks / Grade	Total Marks / Base of Grade	Equivalent Percentage
Std. 10 <sup>th</sup> or Equivalent					
Std. 12 <sup>th</sup> or Equivalent					
Diploma					

### 13. Industry Detail

Name of the Industry	
Address of Industry	
District of the Industry	
Experience (In No. of Years)	
Type of Industry	<input type="checkbox"/> Registered Industry <input type="checkbox"/> Organization (Central/State) <input type="checkbox"/> Private/Public Limited Company <input type="checkbox"/> MSMEs

### 14. Name of the Institute Applied for the Admission

Name of the Institute	
Branch	
District of the Institute	
Distance of the Institute from Industry (In KM.)	

**Declaration:**

I do here by declare that all the particulars stated in the application are true and correct to the best of my knowledge and belief. I have read the Admission Rules and I shall abide by all the rules and other terms and conditions for admission. In the event of suppression or distortion of any information provided in application form, I understand that the admission granted by the INSTITUTE shall be liable for cancellation. I also understand that the decision of the authority regarding my admission shall be final and I shall be liable by its decision. Further, if I am admitted, I promise to abide by the rules and regulations of the institute as applicable during the course of study. I am also aware that ragging is banned and if found guilty, I shall be liable for punishments as decided by the authority. I abide to pay the fees as determined by the Fee Regulatory Committee.

_____ <b>Date</b>	_____ <b>Place</b>	_____ <b>Signature of Candidate</b>
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**List of copies of documents to be attached:**

Please TICK (v) against the document where copies are attached: (copies of 1 to 5 shall be self-attested)

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|---|--------------------------|
| 1. Std. 10th or equivalent Mark sheet (All mark sheet/s)        | <input type="checkbox"/> |
| 2. Std. 12th or equivalent Mark sheet (All mark sheet/s)        | <input type="checkbox"/> |
| 3. School leaving certificate (SLC) / Transfer certificate (TC) | <input type="checkbox"/> |
| 4. Diploma Mark sheet (All mark sheet/s)                        | <input type="checkbox"/> |
| 5. Industry Experience Certificate                              | <input type="checkbox"/> |
| 6. Aadhaar Card copy of the Student                             | <input type="checkbox"/> |
| 7. Original Receipt of Payment of Rs. 350/-                     | <input type="checkbox"/> |