

Application Form

All Entries must be filled by the candidate himself/herself in bold letters. Check the box where

Paste a box sized photo of the candidate, duly attested by the Head of the Institution. Do not use pin or stapler.

Enclose two identical photos along with this form.

needed, and put NA where Not Applicable. The Application	n form consist of two pages.
ENROLMENT NO. (For Official Use only)	Signature of the candidate (in full)
COURSE APPLIED FOR:	
SPECIALIZATION:	
(As entered in Secondary / Senior Secondary Certificate)	
NAME OF CANDIDATE	
FATHER'S NAME	
MOTHER'S NAME	
Gender Male Female Others	D.O.B
PERMANENT ADDRESS	
NI)IAN INST	TUTE OF THE PROPERTY OF THE PR
DODINES DOLLEY	PIN CODE:
PHONE NO M	OB NO
EMAIL ADDRESS:	
MAILING ADDRESS	
	PIN CODE:
PHONE NO M	OB NO

Any Change in address should be immediately communicated to the Institution

Details of F	Previous Exam	Passed from a	other Institution	n / University mark sheets / docu	ments / certificates / deg	arees	
Sr. No. Name Examina		of	Institution / University	Year / Semester	Marks Obtained	Division	
				PAYME	NT OF FEES		
Sr No.	Particulars of fee Amou		Amount	PAYMENT DETAIL			
1.	Course Fee			A/c Payee Draft / Cheque No Dated :			
2.	Registration	Registration Fee		·			
3.	Examination	n Fee		Rs.(in figures) in words			
4.	Prospectus	Fe ē					
5.	Total Fees						
will lead	d to imme		ncellation	of his/her a		false information k refund of fees. 4)	
			DE	CLARATION E	BY THE APPLICAN	 Т	
laid dow docume informat take app	on in the proent that martion / docu propriate a	ospectus. I h y be require ments subm ction which	nave furnished in future, nitted herev shall be ac	ned necessary of a second to the condition of the conditi	document / informathat my candidature sleading or incorrec	vself that I fulfill the eli tion (s) correctly. I sho e is liable to be cance et. Further the Institution any information subm	all submit any other elled by IIBT if the on has the full right to
Date :							
the unde		d are corre				ove, have re-verified am responsible for a	
CERTIFIE	D THAT THE	CANDIDATE	HAS SIGNE	ED THE FORM IN	I MY PRESENCE.		
SIGNATURE OF THE COUNSELOR / HEAD					1	DATE :	
VERIFIED				,	ADMINISTRATION DEPT.		