



**INDIAN INSTITUTE OF
BUSINESS & TECHNOLOGY**
Centre for Distance Learning

Re - Registration Form

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.

Signature of the candidate (in full)

All Entries must be filled by the candidate himself/herself in bold letters. Check the box where needed, and put NA where Not Applicable. The Application form consist of two pages.

ENROLMENT NO.

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(For Official Use only)

COURSE

APPLIED FOR :

SPECIALIZATION :

(As entered in Secondary / Senior Secondary Certificate)

NAME OF
CANDIDATE

FATHER'S
NAME

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MOTHER'S
NAME

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Gender

Male

☐

Female

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Others

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D.O.B

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PERMANENT
ADDRESS

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PIN CODE :

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PHONE NO.

MOB NO.

EMAIL ADDRESS:

MAILING
ADDRESS

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PIN CODE :

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PHONE NO.

MOB NO.

PAYMENT OF FEES

Sr No.	Particulars of fee	Amount	PAYMENT DETAIL
1.	Course Fee		A/c Payee Draft / Cheque No. _____ Dated : _____ Rs.(in figures) _____ in words _____ _____ _____
2.	Registration Fee		
3.	Examination Fee		
4.	Prospectus Fee		
5.	Total Fees		

INSTRUCTIONS

1) Application form found incomplete in any respect or sent without requisite fee will be summarily rejected after deducting Rs. 300/- as a processing fee. 2) Applications received after the specified date will not be entertained. 3) Suppression or furnishing of any false information by a candidate will lead to immediate cancellation of his/her admission with no refund of fees. 4) There will be no refund of fee under any circumstances.

DECLARATION BY THE APPLICANT

I have understood the rules and regulations of the Institution and satisfied myself that I fulfill the eligibility conditions as laid down in the prospectus. I have furnished necessary document / information (s) correctly. I shall submit any other document that may be required in future. I understand that my candidature is liable to be cancelled by IIBT if the information / documents submitted herewith is found misleading or incorrect. Further the Institution has the full right to take appropriate action which shall be acceptable to me. In future also,, if any information submitted by me is found incorrect, the Institution has the authority to cancel the Certificate any time.

Date : _____

DECLARATION BY THE CO-ORDINATOR

Certified that documents produced are verified by the student, as given above, have re-verified and stamped by the undersigned and are correct, Iam responsible for any discrepancies in the details given above.

CERTIFIED THAT THE CANDIDATE HAS SIGNED THE FORM IN MY PRESENCE.

SIGNATURE OF THE COUNSELOR / HEAD

DATE : _____

VERIFIED

ADMINISTRATION DEPT.