



Application No.:

**NATIONAL INSTITUTE OF TECHNOLOGY
TIRUCHIRAPPALLI – 620 015, TAMIL NADU**

**APPLICATION FOR ADMISSION TO M.Sc. PROGRAMMES
(2010 – 2011)**

Registration Number:

(for office use only)

1. (a) Name of the candidate : _____

(b) Date of Birth:

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 Day Month Year Age ____ Years

(c) Sex: Male / Female (d) Marital Status: Married / Single

(e) Father's / Guardian's / Husband's Name : _____

Space for Photo
(Passport Size)
(Attested)

2. Programme Applied for:

M.Sc. (Physics)

M.Sc. (Chemistry)

M.Sc. (Operations research and computer Applications)

(Please put tick (✓) in the appropriate box)

3. Category: OC OBC SC ST

4. Physically Challenged - PH : YES NO

(Please put tick (✓) in the appropriate box)

5. Nationality: _____

6. Address for Communication

Communication / Mailing Address	Permanent Address
Phone:	Mobile:
E-mail:	

7. Qualifying Degree : _____

i) Branch / Major : _____

ii) Name of the Institution : _____

iii) Name of the University : _____

iv) Year of passing : _____

v) Details of marks / GPA obtained :

(GPA may be given instead of marks, if applicable)

Year	Semester	Maximum Marks / GPA	Marks / GPA obtained	Remarks
I	I			
	II			
II	III			
	IV			
III	V			
	VI			

8. Details of Registration Fee Enclosed:

Demand Draft No : _____ Amount Rs. : _____

Date : _____ Name of Bank : _____

I hereby declare that the information given in this application are true and correct to the best of my knowledge.

Date:

Signature of the Applicant

Note:

- 1. Photo copies of the Certificates (10th or HSC certificate, Category (OBC / SC / ST / PH) and Mark sheets should be enclosed along with the application. Original certificates to be produced at the time of admission.*
- 2. If any of the particulars furnished above are found to be incorrect at the time of admission, the admission will be cancelled.*

**NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI
TIRUCHIRAPPALLI – 620 015, TAMIL NADU**

**M.Sc. ADMISSIONS
ENTRANCE EXAMINATION 2010-2011**

ADMIT CARD

Name of the Candidate : _____

Signature of the Candidate: _____

Space for Photo
(Passport Size)
(Attested)

FOR OFFICE USE

Registration
Number

:

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Department : _____

Examination Date: _____ Time: _____

HoD / Admission Co-ordinator

ADDRESS SLIPS

(All the slips should be filled by the candidate with the same address for communication)

To

Mr. / Ms.....

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PIN.....

To

Mr. / Ms.....

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PIN.....

To

Mr. / Ms.....

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To

Mr. / Ms.....

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CHECK LIST

List of Enclosures (Xerox Copies)

1. Application fee (DD)
2. Photograph (Affixed)
3. Degree / Provisional certificate / Mark sheets
4. OBC / SC / ST and PH Certificates