NATIONAL INSTITUTE OF TECHNOLOGY
TIRUCHIRAPPALLI – 620 015, TAMIL NADU

APPLICATION FOR ADMISSION TO M.Sc. PROGRAMMES
(2014 – 2015)

Registration Number: _____ (for office use only)

1. (a) Name of the candidate : _____

   (b) Date of Birth: [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. (Computer Science)

3. Category: OP [ ]   OBC [ ]   SC [ ]   ST [ ]   (Please put tick (✓) in the appropriate box)

4. Person with Disability (PWD)   :   YES [ ]   NO [ ]
   (Disability of 40% and above)
   (Please put tick (✓) in the appropriate box)

5. Nationality: _____

6. Address for Communication

Communication/Mailing Address	Permanent Address
Phone:	Mobile:
Email :	

7. Qualifying Degree   :_____

     i) Major Subject   : _____

     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			

*Mandatory

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 / PWD)) 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 seat allotment will be cancelled.*

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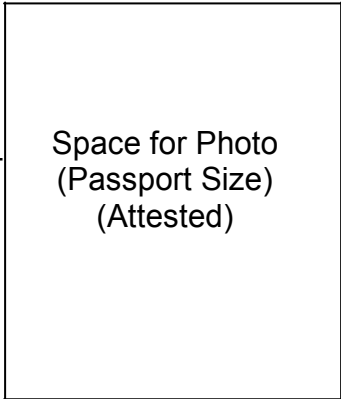# TIRUCHIRAPPALLI – 620 015, TAMIL NADU

M.Sc. ADMISSIONS

ENTRANCE EXAMINATION 2014-2015

ADMIT CARD

Name of the Candidate   : _____

Signature of the Candidate: _____

Space for Photo (Passport Size) (Attested)

_____

FOR OFFICE USE

Registration Number   :

Department   : _____

Examination Date   : _____ Time: _____

HoD / Admission Coordinator

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

To

Mr. / Ms.……………………………………………..

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To

Mr. / Ms.……………………………………………..

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Mr. / Ms.…………………………………………….

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CHECK LIST

List of Enclosures (Please ✓ in the box)

1. Application fee (DD) ☐

2. Photograph (Affixed) ☐

3. Attested Photocopy of Degree / Provisional certificate ☐

4. Attested Photocopy of all the Mark sheets ☐

5. Attested Photocopy OBC / SC / ST, if applicable ☐

6. Attested Photocopy of PWD Certificates, if applicable ☐

Signature of the candidate