1. (a) Name of the candidate: ______________________________________

(b) Date of Birth: [ ] [ ] [ ] [ ] [ ] Age ____ Years
   Space for Photo (Passport Size) (Attested)
   (c) Sex: Male / Female
   (d) Marital Status: Married / Single
   (e) Father's / Guardian's / Husband's Name: _____________________

2. Programme Applied for:
   [ ] M.Sc. (Physics)
   [ ] M.Sc. (Chemistry)
   [ ] M.Sc. (Computer Science)

3. Category:  OP [ ] OBC [ ] SC [ ] ST [ ]

4. Person with Disability (PWD) (Disability of 40% and above)
   : YES [ ] NO [ ]

5. Nationality: ___________

6. Address for Communication

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<tr>
<th>Communication/Mailing Address</th>
<th>Permanent Address</th>
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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)

<table>
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<tr>
<th>Year</th>
<th>Semester</th>
<th>Maximum Marks / GPA</th>
<th>Marks / GPA obtained</th>
<th>Remarks</th>
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</table>

*Mandatory

8. Details of Registration Fee Enclosed:

SB collect reference No: Amount Rs.:

Payment Date:

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, HSC, Category (OBC / SC / ST / PWD) and transfer certificates) 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 2016-2017

ADMIT CARD

Name of the Candidate : ___________________________________________

Signature of the Candidate: _______________________________________

Space for Photo (Passport Size) (Attested)

FOR OFFICE USE

Registration Number : ___________________________________________

Department : ___________________________________________________

Programme : M.Sc. _____________________________________________

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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PIN……………………  
______________________________________________________________________________

To
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To
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To
Mr. / Ms.………………………………………………..  
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______________________________________________________________________________
CHECK LIST

List of Enclosures (Please ✓ in the box)

1. Printout of SB Collect receipt

2. Photograph (Affixed)

3. Attested Photocopy of Degree / Provisional certificate

4. Attested Photocopy of all the Mark sheets

5. Attested Photocopy of Transfer Certificate

6. Attested Photocopy OBC / SC / ST, if applicable

7. Attested Photocopy of PWD Certificates, if applicable

Signature of the candidate