



Application No.:

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

## APPLICATION FOR ADMISSION TO M.Sc. PROGRAMMES (2016 – 2017)

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:

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 (10<sup>th</sup>, 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**

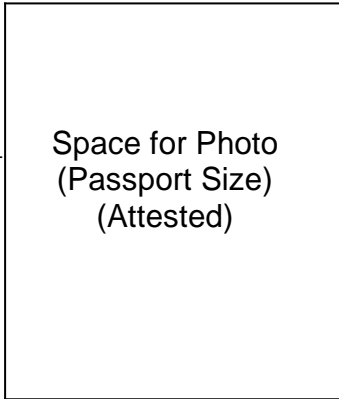
**M.Sc. ADMISSIONS**

**ENTRANCE EXAMINATION 2016-2017**

**ADMIT CARD**

Name of the Candidate : \_\_\_\_\_

Signature of the Candidate: \_\_\_\_\_



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**FOR OFFICE USE**

Registration Number : 

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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)

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Mr. / Ms.....  
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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