



Application No.:

NATIONAL INSTITUTE OF TECHNOLOGY TIRUCHIRAPPALLI – 620 015, TAMIL NADU

APPLICATION FOR ADMISSION TO M.Sc. PROGRAMMES (2015 – 2016)

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. (Computer Science)

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

SC ST

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, 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**

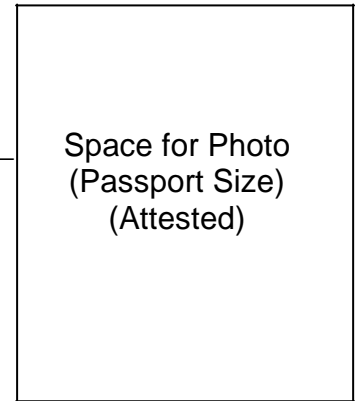
M.Sc. ADMISSIONS

ENTRANCE EXAMINATION 2015-2016

ADMIT CARD

Name of the Candidate : _____

Signature of the Candidate: _____



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)

To
Mr. / Ms.....
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PIN.....

To
Mr. / Ms.....
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To
Mr. / Ms.....
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To
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 of Transfer Certificate

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

7. Attested Photocopy of PWD Certificates, if applicable

Signature of the candidate