1. Name of the Candidate in full (in BLOCK LETTERS), as in School Leaving Certificate:

Surname: 

First Name: 

Middle Name: 

Affix your recent photograph, duly self attested.

2. Address for communication (in BLOCK LETTERS):

State: 

PIN: 

3. Email(s):

1. 

2. 

4. Contact Phone Nos.:

Cell: 

Landline: 

STD No. 

5. a) Date of Birth: 

D D M M Y Y 

b) Sex: 

Male | Female 

6. Choice of Test Centres, in the order of preference. (See the brochure/advertisement for the list of centres):

i) 

ii) 

iii) 

7. State of Eligibility (State from which the candidate appeared/ appearing the Graduate Examination): 

Page 1 of 3
8. Name of the Father/ Mother/ Guardian (Strike out whichever is not applicable):

9. Category (Tick appropriate box):

| OPEN | SC   | ST   | OBC* |

10. Are you eligible for physically handicapped reservation?:

| YES | NO |

(If you are claiming Scheduled Caste/ Scheduled Tribe/OBC*/Physically Handicapped seats, attach the attested copies of the relevant certificate issued by the Competent Authority.)

11. P.U.C./XII/10+2/Intermediate Examination:

Year of Passing: [ ] [ ] [ ]

Percentage: [ ] /CGPA: [ ] on [ ] (Points) (Scale)

12. Name of the Qualifying Examination: [ ]

(Please check the Eligibility Criteria)

Year of Passing: [ ] [ ] [ ]

13. Percentage of Marks/CGPA in the Qualifying Examination:

(Write RA, if Results are Awaited)

Percentage: [ ] /CGPA: [ ] on [ ] (Points) (Scale)

13. Details of NIMCET-08 fees:

<table>
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<tr>
<th>DD No.</th>
<th>Date</th>
<th>Amount</th>
<th>Issuing Bank &amp; Branch</th>
<th>Payable at</th>
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(Demand Draft of Rs.700/- (for OPEN & OBC ) and Rs.350/- (for SC/ST) drawn in favour of “The Chairman, NIMCET-08”, on any Nationalized Bank payable at Surathkal/ Mangalore).

**DECLARATION**

I, Mr./ Ms./Mrs. ________________________________ do hereby sincerely affirm that

(a) I have filled in the application form myself and fulfill the eligibility criteria laid down by NIMCET-08 and if any statement made by me is found to be false or incorrect at any time, I shall be liable to such actions as deemed proper by the CHAIRMAN, NIMCET-08.

(b) I shall strictly abide by the rules and regulations of NIMCET-08.

Date: ________________________________

SIGNATURE OF THE CANDIDATE

*Reservation for OBC category is subject to the Regulations of Govt. of India.*
CHECK LIST
(Please tick [✓] the appropriate box)

i) Duly filled-in and signed Application Form. □

ii) Duly filled in Admit Cards (A and B) along with affixed photographs. □

iii) Self Addressed Envelope (bearing Postage Stamp worth Rs.5/-). □

iv) Bank Demand Draft: Rs.700/- for Open/OBC □ Rs.350/- for SC/ST □

v) Mark Sheets: 10th Class □ 12th Class □ Degree □

vi) Category Certificate from the Competent Authority, if applicable. □

vii) Physically Handicapped Certificate from the Competent Authority, if applicable. □

NOTE: The duly filled in application form along with the relevant certificates (See the Check-list above), should be sent by Post/Courier to:

The Chairman, NIMCET-08,
National Institute of Technology Karnataka, Surathkal
MANGALORE – 575 025

Last Date for the receipt of application: March 31, 2008.
Applications received after the due date will not be entertained.

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</table>
NIMCET – 08
ADMIT CARD (OFFICE COPY)
(To be filled in by the Candidate)

Name in Full (in BLOCK LETTERS as in School Leaving Certificate):

Address for Communication (in BLOCK LETTERS):

FOR OFFICE USE ONLY

NIMCET-08 ROLL NO.:

TEST CENTRE ALLOTTED:

Date and Time of Examination: May 18, 2008 (Sunday)
from 10.00 AM to 12.00 Noon.

Time of Reporting at Test Centre: Before 09.30 AM on May 18, 2008.

SIGNATURE OF THE CANDIDATE

A

NIMCET – 08
ADMIT CARD (CANDIDATE’S COPY)
(To be filled in by the Candidate)

Name in Full (in BLOCK LETTERS as in School Leaving Certificate):

Address for Communication (in BLOCK LETTERS):

FOR OFFICE USE ONLY

NIMCET-08 ROLL NO.:

TEST CENTRE ALLOTTED:

Date and Time of Examination: May 18, 2008 (Sunday)
from 10.00 AM to 12.00 Noon.

Time of Reporting at Test Centre: Before 09.30 AM on May 18, 2008.

SIGNATURE OF THE CANDIDATE

B
ADDRESS SLIPS
(To be filled in by the Candidate)

Name: ______ Address: ______
Pin: ______

Name: ______ Address: ______
Pin: ______

Name: ______ Address: ______
Pin: ______

Name: ______ Address: ______
Pin: ______