1

INDIAN INSTITUTE OF INFORMATION TECHNOLOGY, KALYANI



(Autonomous institution under MHRD, Govt. of India & Department of Information Technology & Electronics, Govt. of West Bengal) c/o WEBEL IT Park, Opposite of Kalyani Water Treatment Plant, Near Buddha Park, Dist. Nadia, Kalyani - 741235, West Bengal Email: office@iiitkalyani.ac.in, website-www.iiitkalyani.ac.in

ADMISSION FORM

			Sl. No. (For off	ice use only)	
		EXECUTIV	/E M.Tech - 2022		
Course Applied to	Specialization:				
Personal Details (Fi	ill in Capital Letters	3)			
					Stamp size coloured photo to be
					affixed
District		State	Pin		
Contact No		Ema	il		
4. Address for Co.	mmunication				
District		State	Pin		
5. Date of Birth		6. Place of	Birth		
7. Aadhaar No.			8 Sex	Male Femal	le Others
9. Candidate's Na	tionality	10. B	lood Group		
11. Category GI	EN SC ST OBC	PWD Pleas	e tick (documents to be p	produced where i	requested for)
12. Languages Kno	own 1		Read Write Speak	Please tick	
	2		Read Write Speak	Please tick	
	3		Read Write Speak	Please tick	

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Email: office@iiitkalyani.ac.in, website-www.iiitkalyani.ac.in 13. Academic Records: Provide academic details (attach self-attested copies of mark sheets): Examination Name of the **Board/Council/University** Marks %/ Year of Subject(s)/ Division School/ passing Stream College/Institution Class X Class XII UG Any Other For Office Use Only Executive M.Tech (Stream Verified Original documents: YES/NO Admission Number: Date of Admission Signature of the Faculty/Officer

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Sl.No.	(For office use only)	

Undertaking from the Applicant for Admission

- 1. The information furnished by me in this application form and any other form submitted is true to the best of my knowledge and belief. I understand that if any of the statements made by me in connection to my admission is found to be false or incorrect later on at any time, my admission will be cancelled and fees deposited by me shall be forfeited and in such situation I may be expelled from the Institute as may be decided by the Authority.
- 2. I undertake to pay the institute all admissible dues regularly.
- 3. In case I fail to make the payment within the stipulated date, I understand that the institute reserves the right to strike off my roll number from the register.
- 4. After securing admission, in case I discontinue my studies in the institute, I shall not claim any refund except the caution deposit amount (if applicable). In such case, I shall submit my application for refund of caution money within one month from the date of discontinuing the course.
- 5. I hereby agree to comply with all relevant rules & regulations of the Institute as well as its statutory bodies and undertake that I shall not resort to any activities inside or outside the institute campus detrimental to the interest of the institute, for which I am liable to face any disciplinary action under the provision of relevant rules & regulations.
- 6. I fully understand that the authorities have the right to expel me from the institute for any infringement of the rules of conduct and discipline as prescribed by the institute and the undertaking given above to this effect.

Place		/
Date		Signature of Student

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One Page Summary of the Candidate

Course Applied 1	or:					
Darsanal Dataile	s (E:II: C:	-1 I -44 0 -11 G-14				Stamp size
		al Letters & all fields are				coloured
						photo to be
2. Father's/Mothe	r's Name					affixed
3. Address for Con	nmunication					
District		State				
Pin:						
4. Contact No						
5. Date of Birth(I	DD/MM/YY	YY):		6. Nationa	ılity	
7. Blood Group		8. Sex	Male Female Ot	hers Plea	se tick 9. C	Category
10. Academic Re	ecords					
Examination	Stream	Name of the School/ Institution	Board/ University	Year of	passing	Marks % Division
10th			1	\		
12th		L L				
UG						
Any other						
			TOF INFORMATION			
			Signature of the	e Student: .		
			Date			
For Office use on	<u>ly</u>					
Course Admitted t	to :					
Date of Admission				Signature of Admissions In-charge		

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