# INDIAN INSTITUTE OF INFORMATION TECHNOLOGY, KALYANI (Autonomous institution under MHRD, Govt. of India



(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 <a href="mail-office@iiitkalyani.ac.in">Email-office@iiitkalyani.ac.in</a>, website-www.iiitkalyani.ac.in

SI No (For office use only)		
SI No (For office use only)		
	Sl. No. (For office use only)	

#### **ADMISSION FORM**

Course Applied to M.Tech (Al and Data Science)

Personal Details (Fill in Capital Letters)	
1. Applicant's Name	Stamp size coloured
2. Father's/Mother's Name	photo to be affixed
3. Permanent Address	
District	
Contact No. Email	
4. Address for Communication	
DistrictStatePin	
5. Date of Birth 6. Place of Birth	
7. Aadhaar No. Sex Male H	Female Others
9. Candidate's Nationality 10. Blood Group	
11. Category GEN SC ST OBC PWD Please tick (Evidence to be produced	where requested for)
12. Languages Known 1	k
2Read Write Speak Please tick	k
3Read Write Speak Please tick	<b>S</b>

# INDIAN INSTITUTE OF INFORMATION TECHNOLOGY, KALYANI (Autonomous institution under MHRD, Govt. of India



Examination

Name of the

Board/

(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 <a href="mail-office@iiitkalyani.ac.in">Email-office@iiitkalyani.ac.in</a>, website-www.iiitkalyani.ac.in

13 Academic Records: Provide academic details (attach self attested copies of mark sheets):

15. Academic necords.	r rovide academic details (attach sen attested copies of mark sneets).

Year of

Marks %/

Subject(s)/

	School/ College/Instit ution	Council/ University	passing	Division	Stream
Class X	ution				
Class XII					
UG					
Any Other					
	M.7	T <b>ech (Al and</b> TES/NO	Data Scien	ce)	
Admission Num	ber:				
Date of Admission	on				
				Signature of the	he Faculty/Officer

### INDIAN INSTITUTE OF INFORMATION TECHNOLOGY, KALYANI



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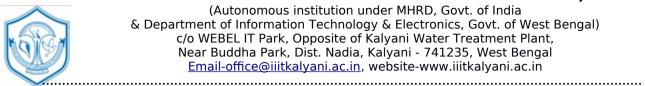
Sl.No. (For office use only)

### 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	to: M.Tec	th (Al and Dat	a Science)		
Personal Det	ails (Fill in	n Capital Letters & a	all fields are man	datory)	Stamp size
1. Applicant's Name					coloured
2. Father's/Mother's Name				photo to be affixed	
2. Tacher 5/14101	LITEL 5 IVALI				annixed
3. Address for	Communio	cation			
District		Sta	ate		
Pin:					
4. Contact No					
5. Date of Birth	n(DD/MM/Y	YYYY): <u></u>	<u></u>	6. Nationalit	y
7. Blood Group		8. Sex N	Iale Female O	thers Please tick 9.	Category
10. Academic Re	ecords				
Examination	Stream	Name of the School/ Institution	Board/ University	Year of passing	Marks % Division
10th		11/1/		10/2/	
12th				//	
UG					
Any other					
			Signatu	re of the Student:	
			Date		
E O.C.	1				
For Office use	only				
Course Admitte	d to <b>M.Te</b>	ch (Al and Da	ta Science)		
Date of Admissi	on			Signature	of Admissions In-char