



Indraprastha Institute of Information Technology

(A State University, established by Government of NCT of Delhi)

NSIT Campus, Azad Hind Fauj Marg, Sector-3, Dwarka, New Delhi-110078

Telephone: 25099177, Fax.: 25099176

Website: <http://www.iiitd.ac.in>

1. Name in full (Block Letters Only) : _____
2. Fathers Name : _____
3. Parents Occupation : _____
4. Date of Birth : _____
5. Permanent Address : _____

6. Local Guardian : _____

7. Phones (Office, Mobile, Residence) : (O) _____
(R) _____
(M) _____
8. E-mail : _____
9. Gender : _____
10. Nationality : _____
11. Mother Tongue : _____

Please paste 3.5 x 4.5 cm size recently taken Color Photograph Duly attested by a gazetted officer.

12. Education details

a) Qualifying Exam Passed / Appeared	
b) Name of the Institution and City	
c) Board of Qualify Examination	
d) Year of Passing	
e) Percentage Marks Scored	Physics _____ Chemistry _____ Mathematics _____
f) Medium if instruction	
g) Common Rank in IIIT Entrance	

13. Whether Hostel Accommodation required : Yes No

DECLARATION BY THE APPLICANT

I hereby declare that all the particulars stated in this application and enclosures, are true to the best of my knowledge and belief. I have read the Information Brochure and I shall abide by the terms and conditions therein. I understand that my admission will be provisional and in the event of my being found ineligible at the time of admission, I will be denied admission and, if already admitted, my admission will be cancelled. I also understand that in all matters concerning admission, the decision of the Institute is final and I shall abide by it.

Place:

Signature of the Applicant

Date:

DECLARATION BY THE PARENT

In the event of Mr./Mrs./Ms. _____, who is my son/daughter being admitted based on the facts given in the application made by my son/daughter, I hereby give an undertaking to pay regularly all his/her dues to the Institution till the completion of his/her course of studies. I also undertake the responsibility for his / her good conduct.

Place :

Signature of the Applicant

Date :

Name :

FOR OFFICE USE ONLY

- 1. Application Complete : Yes No
- 2. The candidate is eligible / not eligible :
(if not eligible, specify the reason)

Scrutinizing Staff: Name : Signature.....