#### [*For office use only:* Allotted Roll No. : ..........................................]

##### *Form for Admission to M. Tech/M. Sc Programme (Institute Mode)*

Fix a

Self-Attested Passport size Photograph

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**National Institute of Technology Meghalaya**

*An Institute of National Importance*

**(*To be filled in by the candidate)***

**Year 2025**

Discipline to which M. Tech/M. Sc admission is sought: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL DETAILS**

* + 1. Name of candidate (in BLOCK letters): ……………………………………………………
    2. Date of birth : ………………………………………... (DD-MM-YYYY)
    3. Category : SC/ ST/ OBC/ GEN/ PWD
    4. Nationality : …………………………………………………………
    5. BPL : Yes/No
    6. (a) Religion : ………………………(b) Minority: Yes/No
    7. Sex : …………………………………………………………
    8. Blood Group : …………………………………………………………
    9. Email id : …………………………………………………………
    10. Mobile no : …………………………………………………………
    11. Educational qualification from 10th onwards (enclose self-attested copies of all testimonials):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Examination** | **Year** | **Board/University** | **Marks % / CGPA** | **Division/ Class** | **Subject(s)/ Specialization** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

* + 1. (a)Father's Name……………………………………………………………………

Occupation……………………………Mobile No. ……………………….…

(b) Mother's Name : ……………………………………………………………………

Occupation……………………………Mobile No. ……………………….…

(c) Local Guardian's Name : ………………………………………………………………

Occupation……………………………Mobile No. ……………………….…

* + 1. (a) Permanent address (in full) (b) Postal address (for communication)

* + 1. Identification Marks : …………..……………………………………………………………
    2. Bank Account No. ……………………………… IFSC Code: ………………………………
    3. Bank & Branch Name.......………………………..................................................................…

***Declaration***

I, ………………………………………., hereby certify that the information given above are correct/true to the best of my knowledge. If anything proves to be incorrect or if at any point of time it is found that I do not meet with the criteria of the admission, then my admission/selection may be cancelled. If admitted I shall abide by the Institute rules and regulations.

Date:

Place: Signature of the candidate

# For Office Use Only

Verified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Seal