



Form No. :

CAMBRIDGE INSTITUTE OF TECHNOLOGY

TATISILWAI, RANCHI - 835 103

ISO 9001 : 2008 Certified

[APPROVED BY AICTE, NEW DELHI, GOVERNMENT OF JHARKHAND & AFFILIATED TO RANCHI UNIVERSITY]

APPLICATION FORM

(To be filled by the candidate with Ball Point Pen in his/her own handwriting after carefully reading the instructions as laid down in the advertisement. Incomplete & unsigned application will be summarily rejected)

Reg. No.

(For office use only)

1. (a) COURSE APPLIED FOR _____ SESSION _____

(b) SPECIALIZATION/BRANCH

2. CANDIDATE'S NAME

(In Hindi)

(Please leave one box blank between first name, middle name & last name)

(In English capital letter)

3. FATHER/HUSBAND'S NAME

4. ADDRESS
(Write in Capital Letters only)

PIN CODE

5. CONTACT NO

E-MAIL _____

6. DEMAND DRAFT DETAILS

D. D. NUMBER	DATE OF ISSUE	NAME OF ISSUING BANK & BRANCH	AMOUNT (IN RS)

7. PLACE OF BIRTH

VILLAGE	DISTRICT	STATE

8. NATIONALITY

9. DATE OF BIRTH

(a) (In figures)

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

(b) (In words)

10. SEX (Tick Mark in the Box)

MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>
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11. MARITAL STATUS

(Tick Mark in the Box)

MARRIED	<input type="checkbox"/>	UNMARRIED	<input type="checkbox"/>
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12. CATEGORY

(Tick Mark in the Box)

GEN	SC	ST	OBC	OTHERS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. IF YOU SEEK BENEFITS OR ANY RELAXATION (Tick Mark in the Applicable Box)

SC	ST	OBC	PHYSICALLY HANDICAPPED	DEAF & DUMB	CIT MANAGEMENT PERSON	SPORTS PERSON
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Affix
Photograph

Signature of Candidate

14. (A) WHETHER PARENTS ARE EMPLOYED (Tick Mark in the Box) YES NO
 (B) IF YES (Tick Mark in the Box) GOVERNMENT SERVICE PRIVATE SERVICE BUSINESS OTHERS
15. ANNUAL INCOME (In lakhs) Below 1.0 1.0-2.5 2.5-3.0 3.0 and above
16. (a) EDUCATIONAL & PROFESSIONAL QUALIFICATION (Attach duly attested copies of certificates as proof)

Sl No.	Examination Passed	Name of Board/University	Duration (in years)	Month & Year of Passing	% of Marks Obtained	Subjects

- (b) DO YOU POSSESS THE ESSENTIAL QUALIFICATION, AS ON CLOSING DATE OF RECEIPT OF APPLICATION (Tick Mark in the Box) YES NO

17. DETAILS OF EMPLOYMENT BEFORE JOINING THE COURSE

Name of Organization	Post Held	From	To	Total (Years, Months)	Scale of Pay	Total Monthly Emoluments	Adhoc/ Temp/ Permanent	Nature of Duties

18. (a) HAVE CLEARED CAT/XAT/MAT (For MBA) (Tick Mark in the Box) YES NO
 (b) HAVE CLEARED GATE (For M. Tech) (Tick Mark in the Box) YES NO
 (c) IF YES, PLEASE MENTION DETAILS THEREOF

	YEAR	ROLL NO
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>

19. (a) WHETHER APPEARED FOR JCECE/AIATPI/AIEEE (Tick Mark in the Box) YES NO

- (b) IF YES GIVE DETAILS (I) ROLL NUMBER (II) DATE OF EXAM
 (III) RANK (IV) MARKS OBTAINED

20. LIST OF DOCUMENTS ATTACHED WITH APPLICATION (only duly attested copies of relevant documents/ certificates)

- (i) (ii) (iii) (iv)
 (v) (vi) (vii) (viii)

21. DECLARATION

- (a) I hereby certify that all statements made in this application are true, complete & correct to the best of my knowledge & belief & have been filled in my own handwriting.
 (b) I declare that I have submitted only one application form for one course in response to the advertisement/notification.
 (c) I have read all the provisions mentioned in the advertisement/notice for course entrance & I hereby undertake to abide by them.
 (d) I have enclosed legible copies of all the relevant documents & certificates, duly attested.
 (e) I understand that in the event of information being found false or detected incorrect or incomplete at any state as prescribed in the advertisement or any ineligibility being detected before or after the entrance of course, my candidature/selection is liable to be cancelled automatically without assigning any notice to me & action can also be taken against me by the Institute.
 (f) The information submitted here in shall be treated as final in respect of my candidature for the course applied for through this application form.

Place :

Date :

Full Signature of Candidate

(For office use only)

Form No.

Received from Mr./Miss./Mrs. a sum of Rupees for Course Branch

Date

Signature of Office Assitant