

भारतीय सूचना प्रौद्योगिकी संस्थान राँची INDIAN INSTITUTE OF INFORMATION TECHNOLOGY, RANCHI

(An Institution of National importance under act of Parliament) Ranchi, Jharkhand, India

Advt. No.:

Date:

Photograph

Application form for M.Tech Admission

(i) Deapartment

(ii) Eligibility: (GATE / Non-GATE / Sponsored)

For Office Use

- (i) Registrarion No:
- (ii) Signature of the receiving officer:
- (iii) Date of Receipt:

1.	Name in Full								
	(In Block Lette	ers)							
2.	Father's/Husband/Wife								
	Name								
3.	Date of Birth:	Gender:		Age:	Marital Stat	tus:	Nationality:		Religion:
	(dd/mm/year)							•	
		Male/Female			Married/Un	Married/Unmarried			
4.	Category								
	(UR/EWS/OB	C/SC/ST)							
	(Enclose proof	in case of							
	EWS/OBC/SC/	ST)							
	Whether Physic	ally							
	Challenged (Ye	s/No)							
5.	Present Employment with Salary Details, if any								
	Institute/Org	ganization	Ι	Designation	Nature of	Pay E	Band	Grade	Total Salary
				_	Work			Pay	(Per month)
									in Rs.
6.	Address for		I						
	Correspondence	e							
	* It is responsibility of the								
	intimate change of address	, if any							
			Pin C	ode:					

	Mobile N	Nos.										
	Email											
7.		nt Address										
			Pin C									
8.	Educational Qualifications (Please add more rows if needed)											
	Sl. No. Degree Obtained		ained	Specialization		Name of the University/Institute				Year of Passing	% of Marks / CGPA	Divisi on
	(i)	B. Tech.										
	(ii)	XII Class										
	(iii)	X Class										
	(iv)	Other if any										
9.	9. GATE Examination Qualified, if any (attach self-attested copy of relevant certificate as proof)											
	Reg. No. Branc		Branch	Yea	ar Mark		s Score			All India Rank (AIR)		l/Invalid rrent year
10	T 1 . *	1		<u>_</u>								
10.		ll Experience D			× 1	10			x 1		NT	x 1 .
	Industr	y/Organization	n Sta	rt Date	Indus rganiz		L	Ouration	Indu	stry/Organiz ation	Nature of work	Industr y/Orga nization
11.	-	g Experience D		any								
	Institut	te/Organization	n Star	rt Date	End]	Date	Ľ	Ouration	D	esignation	Nature of work	Pay Scale

12.	R & D Experience Details, if any								
	Institute/Organization	Start Date	End D	Date Duration		Designation		n Natur of worl	Scale
13.	3. Number of Publications, if any (Please attach a separate sheet with all details and also list th SCI/Scopus Journal papers along with ISBN No.):								list the best
	Nat	Nature			blished (S		Press Scopus)		
	(i) Refereed Journals	National Internation	ิเลโ					X	• /
	(ii) Conference	National	lui						
	Proceedings	Internation	al						
14.	Number of Books Publi	shed, if any:							
	Title of the Book		Name of Author(s)		Name of the Publisher		3N No.	Year of Publica tion	Reprint No./ Edition No.
15.	15.Number of Chapters Published, if any:Title of the Chapter &Name ofName of theISBYear of PublicationF								
	Title of the Chapter & Book	Name of Author(s)			Name of the Publisher		Year of	Publication	n Reprint No./ Edition No.
16	Normal and C.D. to star if a								
16.	Number of Patents, if an Name of Patent		nα	Regi	stration N	0	Date &	Vear of	Submitte
		Name of Patent Awarding Organization					Award		d if any
-									
17.	Sponsored/ Industry Pro		Completed:			On-going:			
				Year of PI/				Total	
	Agency		Completion		Co-ir	vestig		Amount in Lakhs.	Completed / Ongoing
10	Number of Americal / II								
18.	Number of Awards/ Ho Awarded (Title)	nours/prizes/Me	uais:						
	Proposed, if any								
	rioposou, ir uiry								

19.	19. Number of Short-Term Courses/Workshop/ Symposiums/Seminars Attended:										
	Type of the Course/Workshop etc.	Name of the Course/Workshop etc.	Sponsoring Agency	Period of Course	Coordinator/ Co- Coordinator						
20.	* * *	in Professional Bodies, if ar									
	Name of the I	Professional Body	Membership	status (Life/ Annual)						
21.	Name two references with complete contact details including address. Tal. Nes. Eav. Nes. Erroil address										
21.	Name two referees with complete contact details including address, Tel. Nos., Fax Nos., Email address (i)										
	(ii)										
22.	Application Fee:										
	a. SBICollect Reference Number:										
	b. Date of Payment:										
	c. Payment Amount:										
	d. Candidate Name:										
	e. Candidate Mobile	inumber:									
23.	Any other relevant inform	nation									
	List of Enclosures (Acad	lemic and Professional Qua	lifications)								
	(i) (ii)										
	(iii)										
	(iv) (v)										
	(vi)										
DECLARATION I hereby, solemnly declare that the information furnished in this application are true and correct to the best of my knowledge and belief. If at any time I am found to have concealed/ suppressed any material/ information or given any false details, my admission shall be liable to be summarily terminated without notice of compensation. Place:											
Dat	e:		Signa	ature of the Applica	nt						