

SRI KRISHNA INSTITUTE OF TECHNOLOGY

No.29, Hesaraghatta Main Road, Chimney Hills,
Chikkabanavara P.O., Bangalore - 560 090.

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**Application for Admission to First Semester B.E.**

- ☐ CET Ranking
☐ Comed-K Ranking
☐ Management Seat

For the year _____

1. Name of the Student
(IN BLOCK LETTERS)

2. Sex ☐ Male ☐ Female

3. Date of Birth /Age

4. Address

i. Permanent

ii. Correspondence

E-Mail ID & Phone No.

5. Nearest Railway Station

6. Category

7. Religion/Caste

8. Name of Father / Guardian

9. Occupation

10. Annual Income

11. i. Class Obtained with Aggregate marks

ii. Aggregate Percentage marks in PCM
in qualifying examination PUC/ICSE/CBSE/B.Sc/Diploma (Enclose copy of the marks card)

12. Year of Passing

13. Previous Institution Attended

14. Course Opted for :

- ☐ Computer Science & Engineering ☐ Electronics & Communication Engg. ☐ Electrical & Electronics Engg.
☐ Information Science & Engineering ☐ Mechanical Engineering ☐ Medical Electronics Engineering

1. Extra Curricular Activities _____
2. Whether Hostel accommodation required : Yes / No
3. Whether the application fee has been paid : Yes / No
4. Receipt No & Date _____

Undertaking by Student & Parent/Guardian

We are aware of the Institution's approach towards ragging and the punishment liable if found guilty of ragging

Signature of the student

Date:
Place:

Signature of the Parent/Guardian

Declaration

I.....Son/Daughter ofhere by declare that the information furnished above is true to the best of my knowledge.

I will not indulge in any kind of ragging and I further affirm that I shall abide by the rules and regulations of the institution in force.

Signature of the student

Note: 1. Students from other States/Country should enclose Migration Certificate.
2. Students from other Country should enclose attested copy of Visa, Passport, NOC of HRD and AIDS free certificate.

For Office use only

Registration No :

Admission No :

Course/Branch :

Admitted under : CET Free / CET Payment / NRI / Diploma / Management

CET No: _____

Fees Paid : Rt. No _____ Date: _____

Office Superintendent

Principal

