

MASTER OF SCIENCE IN INFORMATION TECHNOLOGY Consortium of Institutions of Higher Learning – Hyderabad

APPLICATION FORM

FOR ADMISSION IN TO 2-YEAR MSIT FOR THE YEAR 2017

Instructions:

| Last Date for receipt of filled in Application 15th May 2017 Application should be accompanied by a non refundable demand draft of Rs. | SSC/CBSE/ICSE Hall Ticket No. | | |
|---|----------------------------------|--|--|
| 700/- drawn in favour of "CIHL", on a scheduled bank payable at Hyderabad. 3. The hall ticket of entrance examination will be sent through E-mail on or before 16th May 2017. | | | |
| For more details visit our website <u>www.msitprogram.net</u> | | | |
| Application No: 170D00312 | | | |
| Name of the Candidate (as per SSC or Equivalent certificate) | | | |
| | Paste your recent | | |
| | color photograph | | |
| 2. Nationality (tick √) | here. | | |
| If others, country's name | DO NOT staple | | |
| 3. Sex (tick √) Male Female | | | |
| 4. Date of Birth: Day Month Year | | | |
| 5. Test centers (choose any one of the below centers) | | | |
| Hyderabad Tirupati Visakhapatnam Vijayawa | nda | | |
| Warangal Kakinada Ananthapur | | | |
| 6. B.Tech / B.E: Passed in year Pursuing Final Year | | | |
| 7. Complete Address for Correspondence of the Candidate | | | |
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| | | | |
| | | | |
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| 8. GRE (If you I | have valid score) | _ | | | | |
|--------------------------------------|--|---|------------------|-------------------|--------------|---------|
| GRE: Anal | ytical | Quantitative | | Verbal | | |
| Entrance Test Wai 1. Candidates who | | July 2014 are exempted | I from the entra | ance test if they | a score of 3 | 301/3.0 |
| | | | | | | |
| 9. Have you alrea | ady taken the "Wall | k in Entrance Test?" | | | | |
| If so, your walk | c in ID | | | | | |
| 10. | | Mobile N | No. | | | |
| 11. E-mail Id | | | | | | |
| 12. Name of the I | Parent / Guardian | | | | | |
| | | | | | | |
| 13. Relationship | to the Candidate (| tick √) Father | Mother | Other | | |
| 14. DD details | DD Number | | | | | |
| | Date of Issue | | | | | |
| | Bank Name | | | | | |
| | Branch Name | | | | | |
| 15. Declaration b | y the Candidate | | | | | |
| complete and | correct. In case a stand cancelled, if | iculars furnished by iny information is fou fadmitted, besides re | und to be ind | correct, my a | dmission s | |
| Place: Date | | | s | ignature of t | the Candid | date |
| For more informa | tion contact: | | | | | |
| | | | | | | |

The Dean, MSIT Programme Consortium of Instructions of Higher Learning IIIT Campus, Gachibowli, Hyderabad – 500032 Phone: 040 – 23001970

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