# 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:** | **SSC/CBSE/ICSE Hall Ticket No.** |
|---|---|
| 1. Last Date for receipt of filled in Application 15th May 2017<br>2. Application should be accompanied by a non refundable demand draft of Rs. 700/- drawn in favour of "CIHL", on a scheduled bank payable at Hyderabad.<br>3. The hall ticket of entrance examination will be sent through E-mail on or before 16th May 2017.<br>4. For more details visit our website www.msitprogram.net | |

**Application No : 170D00194**

1. Name of the Candidate (*as per SSC or Equivalent certificate*)

**Paste your recent color photograph here. DO NOT staple**

2. Nationality (tick √ ) ☐ Indian ☐ Others

   If others, country's name ☐

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 ☐ Vijayawada

   ☐ Warangal ☐ Kakinada ☐ Ananthapur

6. B.Tech / B.E: ☐ Passed in year_____ ☐ Pursuing Final Year

7. Complete Address for Correspondence of the Candidate

**Pin**

8. GRE **(If you have valid score)**

GRE: Analytical [ ] Quantitative [ ] Verbal [ ]

**Entrance Test Waived**

1. Candidates who have taken GRE after July 2014 are exempted from the entrance test if they a **score of 301/3.0**

9. Have you already taken the "Walk in Entrance Test?"

If so, your walk in ID [ ]

10. [ ] Mobile No.

11. E-mail Id [ ]

12. Name of the 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 by the Candidate

I hereby declare that all the particulars furnished by me in this application are true, complete and correct. In case any information is found to be incorrect, my admission shall automatically stand cancelled, if admitted, besides rendering me liable to such action as CIHL may deem fit.

Place:
Date

**Signature of the Candidate**

For more information contact:

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