



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:

1. Last Date for receipt of filled in Application 15th May 2017
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.
3. The hall ticket of entrance examination will be sent through E-mail on or before 16th May 2017.
4. For more details visit our website www.msitprogram.net

**SSC/CBSE/ICSE
Hall Ticket No.**

Application No : 170D06729

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

2. Nationality (tick ✓) ☐ Indian ☐ Others

If others, country's name

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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

**Paste your recent
color photograph
here.**

DO NOT staple

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 $\sqrt{}$) 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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