



**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**

|  |  |
|--|--|
| <b>Instructions:</b><br>1. Last Date for receipt of filled in Application 15 <sup>th</sup> 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 16 <sup>th</sup> May 2017.<br>4. For more details visit our website <a href="http://www.msitprogram.net">www.msitprogram.net</a> | <b>SSC/CBSE/ICSE</b><br><b>Hall Ticket No.</b> |
|  |  |

**Application No : 170D05135**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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)

|                                    |                                   |  |                                     |
|------------------------------------|-----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Hyderabad | <input type="checkbox"/> Tirupati | <input type="checkbox"/> Visakhapatnam | <input type="checkbox"/> Vijayawada |
| <input type="checkbox"/> Warangal  | <input type="checkbox"/> Kakinada | <input type="checkbox"/> 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 ✓) 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:

The Dean, MSIT Programme  
Consortium of Institutions of Higher Learning  
IIIT Campus, Gachibowli, Hyderabad – 500032  
Phone : 040 – 23001970  
Email: [enquiries@msitprogram.net](mailto:enquiries@msitprogram.net)  
Mobile: 7799834583 / 7799834585  
[www.msitprogram.net](http://www.msitprogram.net)