

I.

IDEAL INSTITUTE OF TECHNOLOGY, GHAZIABAD [UP]

Affiliated to Dr API Abdul Kalam Technical University, Lucknow & Approved by AICTE, Ministry of HRD, Govt of India

GOVINDPURAM GHAZIABAD- 201003 [UP]

REGISTRATION FORM FOR SESSION 2022-2023

E-MAIL: verify@ideaIinstitute.ac.in

Ac	lmission App	olied in (Please	Tick in appro	priate box)			
В.	Tech: CSE	IT	ECE	EEE	ME	CE	
Di _j	ploma in: CI	E ME					Photo
Pe	rsonal Detai	ls					
1.	Name of th	e Candidate (I	n Capital lett	ers as enter	ed in the q	ualifications)	
2.	Name of the	e Father (In Ca	pital Letters)				
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3.	Name of the	e Mother (In C	apital Letters)				
4.	Date of Birth	l					
5.	Category	Gen	ОВС	SC	ST	ОТН	
6.	Domicile	Yes	No				
7.	Father's Annu	ıal Income (in Rs.)				
8.	Address for Co	ommunication (In I	BlockLetters)				
9.	Pin Code Permanent	Address (In Blo		Contact No.			
	Pin Code			Conta	act No.		

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	Description	Roll No.	Year Of passing	University Or Board	Institute Or School Name	Marks (in %)	Marks in PCM (in%)
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(Signature with seal)

(*:Subject to approval)