



GATE 2020



D562R15



**D562R15** (Enrollment ID)

**KUNAL GORAWAT**

(Full Name of the Applicant)

**01 May 1998**

(D.O.B)

**Male**

(Gender)

**GEN**

(Category)

**Indian  
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**+91-9461578886**

(Parent/Guardian's Mobile Number)

**BHARAT GORAWAT**

(Parent/Guardian's Name)

### Communication Address

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**+91-7395951598** (Mobile No.)

### Qualification Details

**B.Tech**  
**Computer Science & Engg.**  
**Graduated: No; Year of Graduation: 2020**  
**SRM Institute of Science and Technology**  
**Chengalpattu**  
**Tamil Nadu 603203**

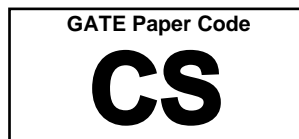
### Payment Details

Online Rs. 2000.00

Payment Ref. No.: IGAHCREXR8

Txn Date:2019-09-29

### GATE Exam Details



(Computer Science and Information Technology)

**Chennai South, TN**

(Exam City 1)

**Chennai West, TN**

(Exam City 2)

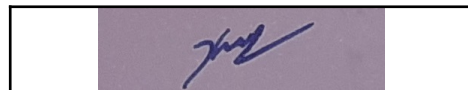
**Jodhpur, RJ**

(Exam City 3)

### Zonal GATE Office Contact

Chairman, GATE  
Indian Institute of Technology Madras  
Chennai 600036

I hereby declare that all the particulars stated in this application form are true to the best of my knowledge and belief. I have read the Information Brochure and I shall abide by the terms and conditions therein. The responsibility of following the GATE 2020 website and meeting various deadlines lies with me. In the event of suppression or distortion of any fact in my application form, I understand that I will be denied the opportunity to appear in GATE 2020. Further, if any suppression or distortion of facts is found after appearing in the exam, any admission/degree/benefit acquired on the basis of GATE 2020 score/marks is liable to be cancelled.



**Digital  
Fingerprint:** 946f4ded65e78c775bb350dd5ae2c0b9