

भारतीय सूचना प्रौद्योगिकी संस्थान, पुणे

Indian Institute of Information Technology, Pune

(An Institute of National Importance by an Act of Parliament)
Survey No. 9/1/3, Ambegaon Budruk, Sinhgad Institute Road, Pune – 411 041

APPLICATION FORM FOR REGISTRATION AND RE-REGISTRATION TO BACHELOR OF TECHNOLOGY/MASTER OF TECHNOLOGY PROGRAMME (As applicable)

To, The Director, Indian Institute of	f Informatio	n Technology, Pune			Please affix your recent passport size
Pune- 411 041, Inc		n reemology, rune			(3.5x3.5cm)
Sir,					photograph.
I request that I r Information Tech		be admitted to the B. Te e.	ch/M.Tech. Programn	ne of the	he Indian Institute
PARTICULARS	:				
Name (In Capita	l Letters):				
Name (In Hindi)	:				
Date of Birth:					
Name of Programme:			Branch		
MIS No.:			Aadhaar No.:		
Email Id:			Mobile No.:		
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I shall not request for any special concession such as change in time or day fixed for the Institute Examination etc. on any ground.

3.	Fee Pay	ment D	etails [Attach	fee	recei	pt(s)]:

S. No.	Transaction reference No (UTR No)	Transaction date	Fee amount (INR)	Remarks
1				
2				
3				
4				
Total (I	Rs.)			

semester and the same must be endorse	ates to clear all their hostel mess and other dues of the previous ed by the Chief warden/ Warden to proceed for the current o clear the dues and submit their form in the office, it will not be tration and the same will be rejected.
as per Hostel records, it is certified that th	ne IIIT Hostel has "No Dues" against Mr./Mrs./Ms.

Signature of Hostel Staff

Signature of concerned Warden

DECLARATION

I shall observe and abide by the rules of the Institute on conduct and disciplinary matters. I shall also abide by all the relevant provisions of the Ordinances of the programme, including the attendance requirement etc.

Further, I have paid all Institute/Hostel/Library dues and current semester fee. I have not been debarred from registering on any specific ground.

I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false / incorrect, my candidatures is liable to be cancelled or rejected and fees paid by me forfeited.

Date:	Signature of the Student Name of Student:
I certify that I have gone through this application of Mr./Ms./Smtrecommend the application for registration/re-registration/not to be re-registered	and I
Student should be registered/re-registered/not to be re-registered.	Faculty Advisor