



BHILAI INSTITUTE OF TECHNOLOGY

(Seth Balkrishan Memorial)

Kendri, Raipur(C.G.)

Admission Form

2018-2019

College ID No _____

Branch Name _____

Form No. _____

STUDENT'S NAME _____

FATHER'S NAME _____

OCCUPATION _____

MOBILE NO. _____

MOTHER'S NAME _____

MOBILE NO. _____

PERMANENT ADDRESS _____

CITY _____

DIST _____

STATE _____

PINCODE _____

STUDENT PHONE NO _____

LOCAL ADDRESS _____

CITY _____

DIST _____

STATE _____

PINCODE _____

DATE OF _____

GENDER _____

CATEGORY _____

CASTE _____

C.G. DOMICILE YES/NO _____

EMAIL ID _____

MEDIUM OF STUDIES _____

FAMILY INCOME _____

NATIONALITY _____

RELIGION _____

Affix your Recent
Passport Size
Photograph

ENTRANCE NAME	ROLLNO	CATEGORY RANK	OVERALL RANK	MARKS

Branch_Name

CATEGORY of ADMISSION

ADMISSION DETAILS FOR LATERAL ENTRY(B.E. IInd /DIP.)

COURSE	YEAR	%	COLLEGE	UNIVERSITY

COURSE	BOARD/UNIV.	SCHOOL	YEAR	%
SSC				
HSSC				



BHILAI INSTITUTE OF TECHNOLOGY

(Seth Balkrishan Memorial)

Kendri, Raipur(C.G.)

Admission Form

2018-2019

Form No. _____

College ID No _____
ACHEIVEMENT _____

AREA OF INSTREST _____

GOAL _____

LIST OF ENCLOSURES

- ✓ _____
- ✓ _____
- ✓ _____
- ✓ _____
- ✓ _____
- ✓ _____

- ✓
- ✓
- ✓
- ✓
- ✓

DECLARATION BY THE CANDIDATE

I solemnly affirm that I have gone through the prospectus of the "Institute containing" the rules and regulation. I undertake that I shall not participate in any kind of demonstration/agitation/'strike' etc. I hereby undertake that I will neither get involved in activities directly or indirectly nor cause any sort of mental physical harassment to my juniors /freshers.

I am also aware that if I am found involved directly or indirectly in such activities or my presence is found at the place of ragging. I am liable for severe punishment including restriction from the college and expulsion from the University rolls.

I am fully aware of the rule that once admitted to the Institute, annual fees is not refundable in any circumstances and I shall have no claim on it except on caution deposit. I also do hereby certify that the information and certificates produced for admission are genuine and correct. In case any information/certificate at any stage is found incorrect, my admission maybe cancelled without notice and I will not have any claim for the loss whatsoever it may be.

SIGNATURE OF FATHER/GUARDIAN

NAME :

PLACE :

DATE :

SIGNATURE OF CANDIDATE

NAME :

PLACE :

DATE :

FOR OFFICE USE ONLY

PAYMENT TYPE	AMOUNT	MR NO. with Date

Prof. Incharge Admission

Account Officer

Principal