



केन्द्रीय प्रौद्योगिकी संस्थान कोकराझार CENTRAL INSTITUTE OF TECHNOLOGY KOKRAJHAR

(A Centrally Funded Institute under Ministry of HRD, Govt. of India)
BODOLAND TERRITORIAL AREA DISTRICTS :: KOKRAJHAR :: ASSAM :: 783370
Website: www.cit.ac.in

HOSTEL APPLICATION FORM FOR DIPLOMA/B. TECH/B.Des STUDENTS

A. PERSONAL DATA: (Tick/Strikeout whichever/wherever necessary)

(1) Name of the Candidate: (Capital Letters).....
(2) Home Address: Vill/Town:PO:
Ward No:.....Dist:.....State:.....PIN:.....
Applicant's Tel No. (M).....(Email ID).....
(3) Mention Approximate distance from Home Address to the Institute.....Kms

Paste a recent
passport size
Photograph

(4) Date of Birth :(DD/MM/YY)..... (5) Nationality:

Indian	Foreigner
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(6) Sex:

Male	Female
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 (7) Food Habit:

Vegetarian	Non-Vegetarian
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B. ENROLMENT DATA:

(1) Admitted into:

Diploma	B.Tech	B. Des
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 (2) Scheme of Entrance Result:

JEE/UCEED	Merit list	Waiting list
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(3) Branch:

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 Year:

1st	2nd	3rd	4th
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 Roll No:

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(4) Are you already Border of CIT Hostel?

Yes	No
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If Yes, Name of Hostel.....Wing No:.....Room No.....

If No, Mention present Year and with Semester.....(Whether: Regular student / Year Back Student)

C. ACADEMIC QUALIFICATIONS:

Sl No.	Name of Exam Passed	Name of the Board/University	Name of the Institute	Year of Passing	Division/Class	% of marks obtained

D. DECLARATION BY THE CANDIDATE:

I,.....hereby,declare that the information given above is true to the best of my knowledge and if any information furnished above is found incorrect, my admission is liable to be cancelled/expelled from the hostel and I shall abide by the rules and regulations of the hostel and the Institute.

Date:

E. FAMILY DATA:

Signature of the Candidate.

(1) Full name of the Parent/Guardian: (2) Relationship:
(3) Occupation: (4) Office Address:
(5) Designation: (6) Residential Address: Vill/Town:
PO :Dist: PS..... State : PIN :
Email ID : Tel. No. (With STD Code)..... Mobile No:

F. NEAREST LOCAL GUARDIAN:

Name and address of the person who should be contacted (in case of emergency):

Name:.....Address:
.....PIN.....
Tel. No.. (With STD Code) Mobile No :

G. DECLARATION BY THE PARENT/GUARDIAN:

I,.....father/mother/guardian of Sri/Ms. hereby declare that the statements furnished by my son/daughter are true to the best my knowledge and belief. I shall not interfere any decisions opted by the Institute against him/her found violation of rules and regulations or any misconduct.

Date:

Signature of the Parent/Guardian

For office use only

Name of the Hostel allotted:

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Room No.

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Date of Admission into Hostel:

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Date:

Signature
(I/c-Hostel Seat Allotment)