



केन्द्रीय प्रौद्योगिकी संस्थान कोकराझार CENTRAL INSTITUTE OF TECHNOLOGY KOKRAJHAR

Deemed to be University, under the MoE, Govt. of India
Kokrajhar, BTAD, Assam 783370

www.cit.ac.in

COUNSELLING FORM-2026

A. CITK Admission-2026 Application Details:

Name of the Program and Branch applied for- (Please Tick):

Program	M. TECH.		M. DES.	
Branch	WRH	CSE	FET	GET

Entrance Examination Details:

Form No	Entrance Roll No (check scorecard)	CITKEE/GATE/CEED Score	Overall Rank
Permanent Residence Region (BTR/NE/All-India)	Write here-	Reservation Category (GEN/OBC-NCL/SC/ST/PWD/EWS)	Write here-

B. Personal Information:

Name of the candidate (BLOCK LETTERS)	
Date of Birth in DD/MM/YYYY format	
Name of the Parent/Guardian	
Address Details-	
Vill/Town-	P. O.-
P.S.-	District- State-
Postal Code-	Phone- Email-Id-

C. Academic Details:

Academic Details of Class X and Class XII:

Name of Exam	Board/Council	Aggregate %	Year of Passing
Class X			
Class XII			

Details of marks obtained in B. Tech/B. Des:

Name of the Institute	
Name of the University	
Final CGPA out of 10 or Equivalent percentage	
Year of Passing	

I hereby declare that the information given by me above are correct and true to the best of my knowledge.

Full signature of the candidate with date



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D. Details of Documents to be submitted by the candidate and verified by Officials:

Name of the Candidate (BLOCK LETTERS)														
APPLICATION FORM NO.					ENTRANCE ROLL NO.									

Kindly attach the following Documents in the same order as given below:

Sl. No.	Name of Document	Check box	Remarks
1	CITKEE/GATE/CEED Scorecard		Signature of Verifying Officer
2	Age proof certificate		
3	Class X Mark sheet		
4	Class XII Mark sheet		
5	B. Tech/ B. Des Mark sheet		
6	B. Tech/ B. Des Pass Certificate		
7	PRC for BTR candidates (Domicile certificate for other Regions)		Signature of Verifying Officer
8	Reservation Category Certificate if applicable		
9	Migration Certificate (not required for CIT students)		
10	Character Certificate (original copy)		
11	Medical Fitness Certificate (from a Govt. health center) (original copy)		Signature of Verifying Officer
12	Eye Fitness Certificate (from a Govt. health center) (original copy)		
13	Gap certificate (if applicable) (original copy)		
14	Anti-ragging affidavit (original copy)		
15	Student Undertaking		

Branch Allotment Details:

Name of Program	M. TECH.					M. DES.				
	WRH	CSE	FET	GET	MCD	WRH	CSE	FET	GET	MCD
Branch Admitted to										
Academic Roll Number										
Signature of the Branch Allotment Officer										

Acceptance by the candidate or his/her representative:

I hereby accept the current Branch which has been allotted to me.

Full signature of the Candidate with date