पं. द्वारका प्रसाद मिश्र
भारतीय सूचना प्रौद्योगिकी,
अभिकल्पन एवं विनिर्माण संस्थान जबलपुर
(संसदीय अधिनियम द्वारा स्थापित राष्ट्रीय महत्व का संस्थान)

Pt. Dwarka Prasad Mishra
Indian Institute of Information Technology,
Design & Manufacturing, Jabalpur
(An Institute of National Importance established by an Act of Parliament)

(Use capital Letter only)

APPLICATION FORM FOR ADMISSION TO UNDER-GRADUATE PROGRAMME (BTech/BDes)

1. **Roll Number:** _____

2. **Full Name:** _____
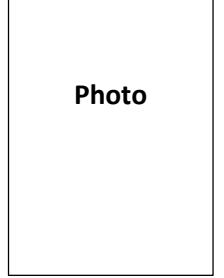
   Name in Hindi _____

3. **Date of Birth:** | D | D | M | M | Y | Y | Y | Y |

4. **Place of Birth:** _____ **4. Gender: Male/Female   5. Nationality:** _____

6. **Email ID:** _____

7. **Father's Name:** _____

8. **Father's Occupation:** _____

Photo

9. Address for Correspondence	10. Permanent Address
--- --- --- City--- State--- Pin: ☐☐☐☐☐☐ Mobile No. ☐☐☐☐☐☐☐☐☐☐	--- --- --- City--- State--- Pin: ☐☐☐☐☐☐ Mobile No. ☐☐☐☐☐☐☐☐☐☐

11. **Program: B.Tech. /BDes.** _____

12. **Discipline: CSE/ECE/ME/SM/Design** _____

13. **Minority Detail:** Muslim/ Jain/ Sikh/Christian/other

14. **Aadhar Number** | | | | | | | | | | | | | |

15. **Physically Handicapped: Yes/No [**If yes describe [Orthopedically/Hearing/Visually handicapped]

16. **Category: GEN/EWS/OBC/SC/ST:** _____
    1. **If SC/ST please tick (✔)**
       Parent Income less than 2 Lakh ☐ **/b. Parent Income More than 2 Lakh** ☐
          (If Parent income Less than 2 Lakh, Submit income Certificate.)
    2. **If GEN/OBC please mention income in Lakh:** ☐

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17. **Academic Record**

    A. JEE Main Rank _____Score_____Year_____

    B. **Education: 10th & 12th**

Class	Name of Board	Subject	Year of Passing	Marks Obtained	Percentage /Grade
10th					
12th					

18. **Name and Address of Local Guardian (IF Any)** _____

    _____

    _____

19. **Emergency Contact Address and Phone No.** _____

    _____

    _____

20. **Whether suffering from any Chronicle disease: Yes/No**

    If yes, provide detailed information …………………………………………………………………………

Details are required for Refunds Purpose:

Name of A/c Holder	A/c Number	Name of the Bank	IFSC Code	Branch Address

21. **Declaration by the applicant:**

    I certified that all information provided by me in this form is correct to the best of my knowledge and

    belief. I understand that any willful misrepresentation of facts will result in my dismissal from the

    Institute. If admitted, I shall abide by all rules and regulations of the Institute.

    Date: **Signature of the Applicant**