

NATIONAL INSTITUTE OF SCIENCE & TECHNOLOGY
Palur Hills, Berhampur, Orissa, INDIA – 761008
ADMISSION FORM

FOR OFFICE USE ONLY (Do not write in this area)

Adm. Category	Admission #
Branch	Roll Number

Details to be filled by the candidate in CAPITAL LETTERS

Name of the Student		
1. Last Name(Surname)	2. First Name	3. Middle Name

4. Sex	Blood Group	5. Date of Birth (as per Certificate)	6. Date of Birth (as Celebrated)
Place of Birth			
7. City/Town/Village		8. District	9. State

Admission Details		
10. Branch		
11. JEE Rank(Quota)	12. JEE Rank (General)	13. Admission Category
14. Mother Tongue	15. Nationality	16. Religion

17. Mailing Address
Telephone (with STD Codes)

18. Permanent Address
Telephone (with STD Codes)

Details of +2 or equivalent qualifying examination for JEE

19. Name of Exam		20. Year and Month appeared	
21. School/College			
22. Name of Board/University			
Marks Obtained			
23. Physics %	27. English %	31. Class/Division Obtained	
24. Chemistry %	28. Addl.Paper1 (Name and %)		
25. Mathematics %	29. Addl.Paper2 (Name and %)		
26. PCM Average %	30. Total Aggregate %		

Details of Class X or equivalent examination

32. Name of the Exam		33. Year and Month Appeared	
34. School			
35. Name of Board/University			
Marks Obtained			
36. Mathematics %	38. English %	40. Class/Division Obtained	
37. Science %	39. 2 nd Language (Name and %)		

41. Languages Known

42. Details of hobbies, extra-curricular interests, Sports etc.

Details of Father/ Guardian (Person taking financial responsibility)

43. Name (in full)		44. Relationship with Student	
45. Occupation/ Profession	46. Designation/ Post	47. Annual Income (Rs.)	
48. Name of Employer			
49. Work Address			
Telephone (with STD Codes)			
50. Educational Qualification (Tick One)			
<input type="checkbox"/> None <input type="checkbox"/> Non-Matric <input type="checkbox"/> Matriculate <input type="checkbox"/> Intermediate <input type="checkbox"/> Graduate <input type="checkbox"/> Postgraduate/Doctorate			

Details of Mother

43. Name (in full)		44. Relationship with Student	
45. Occupation/Profession	46. Designation/ Post	47. Annual Income (Rs.)	
48. Name of Employer			
49. Work Address			
Telephone (with STD Codes)			
50. Educational Qualification (Tick One)			
<input type="checkbox"/> None <input type="checkbox"/> Non-Matric <input type="checkbox"/> Matriculate <input type="checkbox"/> Intermediate <input type="checkbox"/> Graduate <input type="checkbox"/> Postgraduate/Doctorate			

DECLARATION BY THE CANDIDATE

I Submit myself to the jurisdiction of the authorities of NIST and declare that I shall abide by its rules and regulations. I hereby declare that all particulars stated by me in this admission form and appendices are true. In the event of my being found as having given incorrect information at any stage, NIST holds the right to cancel my admission.

Date :**Full Signature of the Candidate :**

AGREEMENT

I, Mr./Mrs.....Son/Daughter of.....
agree to abide by all rules and regulations of National Institute of Science &
Technology, Berhampur, In particular I understand:

1. That Hostel is compulsory the 1st year and to pay for the same.
2. That if do not report to the institute within 14 days of the start of the first semester and if the institute does not receive any communication from me regarding this matter (within this time period) then admission will be consider null and void.
3. That my original certificate shall remain with the Institute until the time of my leaving the Institute, and
4. That, in case I apply to leave the Institute, I have to pay the academic fees for the remaining years.

In case of violation of any rules and regulations I understand that the Institute has the right to take action as per the rules including suspension/expulsion from the Institute.

Signature of Parent/Guardian

Signature of Student

Date:
Place:

I here by state and certify that this form was signed in my presence and that I have supervised the correct and complete filling of the Admission From by the Student.

Signature and Name of NIST Official