



Ansal Institute of Technology

Pioneered by IITians

A PRESTIGIOUS VENTURE OF ANSAL API

Sector-55, Gurgaon-122 003, Haryana, INDIA

Tel: 0124-4116111, 4750400 Fax: 0124-4116497

Website: www.aitgurgaon.org Email: admissions@aitgurgaon.org

Form No:
(for office use)

CT:.....

AC initials.....

APPLICATION FORM (2010-11)

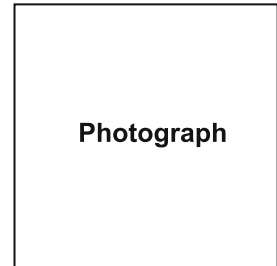
Candidates who have appeared in the qualifying examination and whose results are awaited, may also apply. Such candidates will be considered for provisional admission subject to submission of relevant documents satisfying eligibility conditions.

Candidates are required to submit two sets of photocopies of each of the following documents along with the application form:

- Certificates of X, XII and Bachelors Degree (if applicable)
- Marks sheet of X, XII and Bachelors degree (10+2+3/ 10+2+4) (if applicable)
- Transfer Certificate
- Migration Certificate
- Medical Certificate

At the time of admission, original certificates are required to be submitted to the Institute.

The application form will be processed only after the application fee is received.



1. Program applied for (Put a cross [X] inside the box):

Under Graduate leading to:

- BS (Computer Engg.)
- BS (Electrical Engg.)
- BS (Mechanical Engg.)
- BS (Industrial Engg.)
- BS (Computer Science)
- BS (Biotechnology)
- BS (Business Admin)
- BS (Computer Info. Systems)
- BS (Mass Comm.)
- BS (Hotel Mgmt.)
- BS (Retail Mgmt.)
-

Post Graduate leading to:

- MBA
- MS (Computer Science)
- MS (Information Systems)
- MS (Software Engineering)
- PG Diploma (Retail Mgmt.)
-

2. Details of Demand Draft (Rs. 1500/-) in favour of "Ansal Institute of Technology" payable at Delhi (Please write your name, father's name, program name, form number on the back side of the DD) - Non Refundable Application and Processing Fees.

DD# Date Amount Bank

3. Candidate's Name (In CAPITAL) (as in Matriculation Certificate)

First Name Middle Name (if any) Surname

4. Date of Birth (in Christian era): Day Month Year

5. Nationality: Indian / Other (Specify)

6. Sex: Male Female

7. Candidate's Address:

Permanent Address	Correspondence Address
Mobile/Tel:	Mobile/Tel:
Email:	Email:

(It is the sole responsibility of the candidate to provide written intimation to the Director's office in case of any change in the above mentioned contact details)

8. Name of the Parents and office addresses (In CAPITAL)

Father:		Mother:	
Profession/ Designation:		Profession/ Designation:	
Office Address:		Office Address:	
Email:		Email:	
Tel :		Tel :	
Mobile :		Mobile :	

* Email/Mobile of either parent is a must.

9. Academic Record:

Class	School / Institution	Board / University	Year of Passing	Subjects	% Marks	% Aggregate
Class X						
Class XII						

Graduation (10+2+3 / 10+2+4)

Name of Degree:

College / Institution:

University:

Year of Passing:

	Year I		Year II		Year III		Year IV	
	Sem I	Sem II	Sem III	Sem IV	Sem V	Sem VI	Sem VII	Sem VIII
% Marks								
	Aggregate %							

10. Other Qualifications:

1. AIEEE / CAT / MAT/ others (.....) - Score
2.

11. Work Experience

Duration	Organization	Role

Declaration by the applicant

I declare that the above information supplied by me in this application form is correct to the best of my knowledge.

Date/...../..... Place:

Signature of the candidate: