## Application Form

**For Admission in To 2-Year MSIT For the Year 2017**

### Instructions:
1. Last Date for receipt of filled in Application 15th May 2017
2. Application should be accompanied by a non-refundable demand draft of Rs. 700/- drawn in favour of “CIHL”, on a scheduled bank payable at Hyderabad.
3. The hall ticket of entrance examination will be sent through E-mail on or before 16th May 2017.
4. For more details visit our website [www.msitprogram.net](http://www.msitprogram.net)

### Application No: 170D00105

1. Name of the Candidate *(as per SSC or Equivalent certificate)*

2. Nationality (tick √)  
   - Indian
   - Others
   - If others, country’s name

3. Sex (tick √)  
   - Male
   - Female

4. Date of Birth:  
   - Day
   - Month
   - Year

5. Test centers *(choose any one of the below centers)*
   - Hyderabad
   - Tirupati
   - Visakhapatnam
   - Vijayawada
   - Warangal
   - Kakinada
   - Ananthapur

6. B.Tech / B.E.  
   - Passed in year_______
   - Pursuing Final Year

7. Complete Address for Correspondence of the Candidate

   - Street
   - City
   - State
   - Pin
8. GRE (If you have valid score)
   GRE: Analytical ___________ Quantitative _________ Verbal _________

<table>
<thead>
<tr>
<th>Entrance Test Waived</th>
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<tbody>
<tr>
<td>1. Candidates who have taken GRE after July 2014 are exempted from the entrance test if they a score of 30/3.0</td>
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9. Have you already taken the “Walk in Entrance Test?”
   If so, your walk in ID ________________

10. Mobile No. ________________

11. E-mail Id ________________

12. Name of the Parent / Guardian
   ________________

13. Relationship to the Candidate (tick ✓) Father ✓ Mother ✓ Other ✓

14. DD details
   DD Number ________________
   Date of Issue ________________
   Bank Name ________________
   Branch Name ________________

15. Declaration by the Candidate
   I hereby declare that all the particulars furnished by me in this application are true, complete and correct. In case any information is found to be incorrect, my admission shall automatically stand cancelled, if admitted, besides rendering me liable to such action as CIHL may deem fit.

Place: ____________________________
Date: ____________________________

Signature of the Candidate

For more information contact:

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Consortium of Institutions of Higher Learning
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