MASTER OF SCIENCE IN INFORMATION TECHNOLOGY
Consortium of Institutions of Higher Learning – Hyderabad

APPLICATION FORM
FOR ADMISSION INTO 2-YEAR MSIT FOR THE YEAR 2018

Instructions:
1. Last Date for receipt of filled in Application 14th May 2018
2. Application should be accompanied by a non refundable demand draft of Rs. 1000/- 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 25th May 2018.
4. For more details visit our website www.msitprogram.net

Application No : 180D00384

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

     __________________________________________________________
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     Pin _______________________________________________________
8. GRE (if you have valid score)
   GRE: Analytical  Quantitative  Verbal

9. Entrance Test Waived
   Candidates who have taken GRE after July 2015 are exempted from the entrance test if they achieve a score of 301/3.5

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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