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

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

Application No : 170D00076

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

                             Pin

8. GRE (If you have valid score)

GRE: Analytical       Quantitative       Verbal

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**Entrance Test Waived**

1. Candidates who have taken GRE after July 2014 are exempted from the entrance test if they a score of 301/3.0

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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: ____________________________

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For more information contact:

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