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 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 : 180D00807

<table>
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<th>SSC/CBSE/ICSE Hall Ticket No.</th>
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1. Name of the Candidate (as per SSC or Equivalent certificate)

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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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8. GRE (If you have valid score)
   GRE: Analytical ___________ Quantitative ___________ Verbal ___________

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

9. Have you already taken the “Walk in Entrance Test?”
   If so, your walkin 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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