# 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](http://www.msitprogram.net)

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**Application No : 180D03085**

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

   ![Name Field]

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

   ![Address Field]

   ![Pin Field]
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 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:

The Dean, MSIT Programme
Consortium of Institutes of Higher Learning
IIIT Campus, Gachibowli, Hyderabad – 500032
Phone: 040 – 23001970
Email: enquiries@msitprogram.net
Mobile: 7799834583 / 7799834585
www.msitprogram.net