



Enrollment form

Name : _____

Programme : ☐ CSAI ☐ CSAM ☐ CSB ☐ CSD
☐ CSE ☐ CSSS ☐ ECE ☐ EVE
☐ CSEcon

Email ID : _____

Mobile No. : _____

Emergency contact no. (Parents) : _____

Correspondence Address; _____

Permanent Address; _____

I hereby certify that the information/documents provided by me for admission in the Institute are true to the best of my knowledge and nothing has been concealed by me. In case the information/documents are found false at any stage, I undertake that I shall be responsible for the same and liable to termination of my registration from the programme.

Date: _____

Signature of Candidate

For official use only

Roll No. Alloted : _____

Signature of DM/ AM/ JM