

Date:,

Checked & Verified with Signature:

INDIAN INSTITUTE OF ENGINEERING SCIENCE AND TECHNOLOGY, SHIBPUR HOWRAH - 711103, WEST BENGAL

APPLICATION FOR ADMISSION TO UG (B.Tech/B.Arch) COUSES

Only for JOSAA / CSAB JEE (MAIN) CRL Rank: ID NO. Allotted to the candidate (Office use) JEE (MAIN) Category Rank: JEE (MAIN) Application No. : Branch Allotted:.. **Category of Candidate:** SCHEDULED TRIBE SCHEDULED CASTE GENERAL PHYSICALLY DISABLED (PWD) GENERAL-EWS FOREIGN QUOTA **OBC-NCL** ANY OTHER Caste Certificate issued with No. & date: **OTHER STATE** HOME STATE FEMALE SUPERNUMERARY Seat Pool: GENDER NATURAL Allotted Category of Candidate: **SCHEDULED CASTE** SCHEDULED TRIBE **OPEN-EWS** OBC-NCL OPEN (PWD) SCHEDULED CASTE (PWD) SCHEDULED TRIBE (PWD) OBC-NCL(PWD) OPEN-EWS (PWD) Name of the candidate (In CAPITAL LETTERS): Date of Birth: Mr Ms. Other First Name Δffi Stamp size Middle Name colour photograph (Self attested) Surname Email address of Student: Mobile No of Student: Height Mt./Ft. Cm./inch Weight Kg **Male** Female Other Adhar Card no. **Blood Group Buddhist** Nationality Religion: Hindu Muslim Christian Sikh Jain Others Name of the Guardian: Relation with the candidate Mob.no. Urban Rural **Nearest Rly. Station Present / Permanent Address:** Flat no. Block no. Road/Street Post Office Village/City District Police Station State Country Father's Name Mother's Name Occupation Occupation Address Address Mob.no. PIN Mob.no Rs.100,000 to Rs.5,00,000 Family Income: Less than Rs.1,00,000 Rs.5,00,000 and above **Educational Qualifications of the student: Last Examination Passed** Name of the Examinations Total obtained Marks with Percentage Name of the Board Year of passing **Remarks** In case of emergency whom to contact (Local Guardian): Mobile no: Mr./Mrs.

Admission department:

Signature of the candidate:

Date:

Details of Institution last attended: Name of the Institution
Board/University
Academic session in which admitted
Declaration by the candidate
I do hereby declare:
 that the information given above are true to the best of my knowledge and belief, that my admission will be liable to stand cancelled if any of the aforesaid information is found to be untrue, that I shall scrupulously abide by the standing rules of the Institute, that I shall be liable to face punishment, including expulsion from the Institute, for any offence committed on my part in violation of the rules of the Institute, that I shall do everything in my power to enhance the reputation and honour of the Institute, that I shall not commit any act that would bring disrepute to the Institute and shall not be involved in any activities that would tarnish the image of the Institute,
7) that I am fully aware of the Act regarding participation in ragging and of the punishment that may be meted out to me if I am found guilty of ragging and that I am liable to be punished in terms of the said Act, and 8)I have gone through the "Code of conduct for Students" of IIEST, Shibpur (Available in the Institute website)shall abide by during my course of study at this Institute 9)I shall carry Identity Card at all times within the Institute Premises.
Signature of the student
Name of the student
Department
DECLARATION BY THE PARENT(S) / GUARDIAN
I do hereby declare:
 that the information given by the candidate are true to the best of my knowledge and belief, that I shall be responsible for payment of Institute dues at the prescribed rates on a regular basis, that I agree to cooperate with the Institute authority in adopting corrective measures in case the candidate does not abide by the rules of the Institute and becomes liable to be punished on being found guilty of violating the rules, and that I am fully aware of the Act regarding participation in ragging and of the punishment that may be meted out to my ward in terms of the said Act if he/she found guilty of ragging at any time during his/her studentship in this Institute. I have gone through the 'code of conduct for students' of IIEST, Shibpur, and my son/daughter shall abide by during his/her course study at this Institute'.
Signature of the Parent/Guardian
Name in full (in BLOCK LETTER)
Relationship with Candidate
To be field by the office. 1. The candidate is admitted to IIEST, Shibpur 2. Tuition Fee Waiver: Full Waiver Two third Waiver No Waiver
Signature of the Dy. Center In-Charge