

**ANIL NEERUKONDA INSTITUTE OF TECHNOLOGY & SCIENCES**

(Permanent Affiliated to AU, Approved by AICTE & Accredited by NBA)
SANGIVALASA-531 162, Bheemunipatnam Mandal, Visakhapatnam District
Phone: 08933-225083/84/87, Fax: 226395

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Sl. No:

Registration Rs. 500/- paid by Cash/DD No:, Date:

**APPLICATION-CUM-REGISTRATION FORM FOR ADMISSION IN TO M.E./M.TECH
UNDER CATEGORY-B**

Branch:

Rank obtained:
(GATE/PGECET)

1	Name of the Student (Capital Letters) : (As per academic records)	
2	Date of Birth in figures and words :	Photograph Of Student
3	Names, Qualification & Occupation of Parents/Guardian: a) Father : b) Mother : c) Guardian : d) Income per Year :	
4	Sex: Male/Female Nationality: Religion:	
5	Identification Marks : a) b)	
6	Mother Tongue :	
7	Permanent Address of Father/Mother/Guardian with Phone Numbers:	
8	Details of Qualifying Examination: a) i) Examination Passed: ii) Month: iii) Year: Board: University: b) Medium of Instruction : c) Aggregate Marks & Percentage : d) Address of the Previous Institution : e) Fee Paid :	
9	SSC Aggregate Marks & Percentage : Month: Year of Pass:	
10	a) Local Contact Person's Address & Phone No : b) Reference Names with Phone Number:	
11	Email Address : a) Student : b) Parent : c) Guardian :	
12	Was there any gap in education career? If Yes, give the period and reasons thereof :	

All particulars have to be furnished in total. Any deficiency will be liable for disqualification for consideration for admission. (P.T.O)

I hereby declare that the particulars furnished overleaf are true to the best of my knowledge and I did not suppress any relevant information. I am aware that my admission is liable for cancellation, if, at a later stage, it is established that I suppressed any relevant information. I further declare that I am aware of the University rule that a minimum attendance of 75% is required to sit for University Examination and I will abide by the above University rule and all rules and regulations stipulated by the Institute from time to time.

Date:

Signature of the Student

I hereby undertake that if my ward is admitted, I will ensure that he/she will observe all rules and regulations of the Institute and, will pursue his/her studies regularly and with all seriousness. I further undertake that I will pay all the prescribe fees well in time and I will financially support my ward during his/her years of study at the Institute. I am also aware of the University rule that my ward should put in a minimum attendance of 75% to sit for the University Examination and I assure you that we will abide by the University rule.

Date:

Signature of the Parent

DATE OF SUBMISSION OF APPLICATION-CUM-REGISTRATION FORM