



BUDDHA INSTITUTE of Technology, Science & Research

Savina City Bye pass, Near IOC Petrol Pump,
Sec. 9, Udaipur Tel. +91-294-2482814, 2485114

BITSR

Admission Form

Form Fee : Rs. 550

200 ____ 200 ____

Bank Date :

To be filled by Applicant :

- Name
- Father's / Husband's Name
- Mother's Name
- Tick (✓) Category
 S.C. S.T. OBC Minority
 Display Kashmiris Handicap General
- Details of Last Examination Passed :
(a) Class _____ (b) Year _____
(c) Regular / Private / ex-Student
(d) Name of Board / University
(e) Name of district from which
the last exam passed
(f) C.B.S.E. / R. B. S. E.
(g)

| Marks obtained | Aggregate Marks | Percentage | Division |
|----------------|-----------------|------------|----------|
| | | | |
- Supplementary exam in which you have to appear
(a) _____ (b) _____ (c) _____
- Class in which admission is sought _____
- Gender [M/F]
- Medium of Studies **M / F**

For Office use only

- Mark Sheet Last exam Y/N
- Certificate Secondary exam Y/N
- T.C. Y/N
- ST/S.C./O.B.C./H.C. Y/N
- Migration Certificate Y/N
- C.C. Y/N
- Others Y/N

Registration No. & Date

Signature

Applicant is eligible for
admission in class _____

Signature _____ Date _____

Incharge
(Admission Committee)

Counter signed _____

Director _____ Principal _____

| Total Marks obtained in qualifying exam. | | % |
|--|------------------------|---|
| | % at District level | |
| | % 6.6% to 6.2 | |
| Bonus | % others | |
| Marks | Reduction in % 1.2 (2) | |
| Total Marks obtained in qualifying exam. | | |
| | S.C. / S.T. / O.B.C. | |
| Marks | Minority / P.H. / K.D. | |

* Demand Draft of Rs. 550 should be in favour of Parmatma Sharan Shikshan Sansthan, Udaipur.

“To be filled by Student”

1. Class : _____ Faculty : _____

2. Name (in Hindi) _____

(in English) _____

Capital Letters

3. Date of Birth :

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

D D M M Year

Signed
& Attested
Photo

4. Father's / Husband's Name _____

5. Mother's Name _____

6. Permanent Address _____

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

7. Student's Local Address _____

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

8. Local / Guardian

(a) Name

(b) Relation with Student

(c) Address _____

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

(d) Reason for need of Guardian

9. If Employed, Employer's detail

10. Name one Co-curricular activity you wish to Join :

N.C.C. / N. S. S. / Ranging / Rovering / Games

Date _____

Signature of Applicant

Details of Exams qualified

| Name of Examination | Year of Passing | Subject | Marks obtained | Aggregate Marks | % | Division | Name of School or College Last Attended | Board of university | Others |
|---------------------|-----------------|---------|----------------|-----------------|---|----------|---|---------------------|--------|
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Note : If any gap between Last qualifying exam and admission applying for, submit a gap certificate.

if any of the following is applicable for bonus marks tick () & submit required documents also.

- (1) Children of Late Ex-serviceman.
- (2) Children of defence service / ex defence serviceman.
- (3) Co-curricular / extra Curricular activities.
(if Participate in Last two session)

Oath & Declaration by Applicant

I _____ Solem declare that, I will never do any such thing through my act or deeds which may tarnish of the institute or which stands against the social culture of my notion.

I also declare that :

- (a) I have never been involved in any criminal activity as well as bailed for any crime.
- (b) There is no legal / Judiciary trial ever made against me.
- (c) There is no F.I.R. Lodged against me by University / Principal or any other person of status or Administration.
- (d) That all the details given by me in the Application form are true to my knowledge & if not I am liable of any type of Punishment.

Date : _____

Signature of Candidate

Declaration of Father / Husband / Guardian

I hereby certify that all details described in this form are true to my knowledge. I am fully responsible for the act & financial liabilities on my ward. if found wrong admission of my ward may be cancelled.

Date : _____

Signature of Candidate

Admission Card (To be filled by student)

Mr. / Miss / Mrs. _____ Provisional admitted in _____

His / her optional subjects are as follows :

(1) _____ (2) _____ (3) _____



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BITSR

200__200__

(Application for Library Membership)

1. Name of Student _____

2. Father's Name _____

3. Mother's Name _____

4. Date of Birth :

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

D D M M Year

Signed
& Attested

Photo

5. Permanent Address _____

6. Local Address _____

7. Class _____ Section _____ Faculty _____

8. S.No. of fee deposit receipt

9. Received Library Cards of S.No.

(1) _____ (2) _____

Signature of Applicant

Receipt of Application form

Form No.

Mr. / Miss / Mrs _____ has submitted her admission form for class _____

Date : _____

Signature of Candidate