

# Guru Teg Bahadur Khalsa Institute of Engg. & Technology

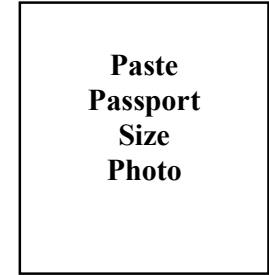
## Chhapianwali-Malout (Pb.)-152107

### Application Form for Admission under Tuition Fee Waiver scheme (2009-2010)

S.No.....

1. Give your preference order (in numerals) of stream in which admission sought :

- (a) B.Tech. (Electronics & Communication Engg.) .....
- (b) B.Tech. (Electronics & Instr. Engg.) .....
- (c) B.Tech. (Computer Science Engg.) .....
- (d) B.Tech. (Electrical Engg.) .....
- (e) B.Tech. (Mechanical Engg.) .....



2. CET ROLL No .....

3. CET Rank (Position) .....

4. CET Score (Attach Proof) .....

5. AIEEE Roll No .....

6. AIEEE Rank (Position) .....

7. AIEEE Score (Attach Proof) .....

8. Full Name .....

(In Block Letters as per Matric Certificate)

Sex : Male/Female.....

9. Date of Birth .....

10. Father's Name.....

(In Block Letters as per Matric Certificate)

11. Designation/Profession and Office address with Ph.No.....

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12. Father's/family income per month from all sources.....

13. Mother's Name .....

14. Full address for correspondence (In Block Letters)

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.....Pin Code.....

Contact No.s : Office.....Residence .....Mobile.....

E Mail ID (In Capital Letters).....

15. Category (Tick your choice) : Women / Economically backward / Physically handicapped

16. Record of previous education :

Exam.	Name of Board/University	Year	% age	Division	Remarks
<b>Matric</b>					
<b>10+2</b>					
<b>Any Other</b>					

17. Check list of enclosures (Photo copies) :

- (I) Punjab Domicile Certificate
- (II) Matriculation Certificate
- (III) 10+2 Certificate
- (IV) Detailed marks for 10+2
- (V) Character Certificate from Institution last attended
- (VI) Income Certificate issued by Tehsildar / Executive Magistrate for claim under economically backward category
- (VII) Physically handicapped certificate issued by Civil Surgeon of respective district for claim under physically handicapped category
- (VIII) CET Result-card
- (IX) Passport size photograph

**Note :** The students are required to bring the original certificates at the time of counseling.

**Date:**

**Signature of Student**