



Dr. Babasaheb Ambedkar Marathwada University, Aurangabad
Department of Computer Science & Information Technology
Application Form for Entrance Examination 2016-2017

Please Submit Separate Form for each Course
THIS FROM SHOULD Submit in the Department of Computer Science & Information Technology, Dr. Babasaheb Ambedkar Marathwada University, Aurangabad-431004 (MS) INDIA (www.csit.bamu.in)

Affix your
 Passport size
 Photograph and
 Attested by your
 Principal or Head
 of the
 Department

Office Use Only
 Seat No:

Course for Which you are applying				
Course Title: M.Sc. in Computer Science / Information Technology				
Particulars of the DD/Cash	Bank Name	DD Number	Date	Total Amount

Sir,

I would like to appear for Entrance Examination to be conducted by **Department of Computer Science & Information Technology**, Dr. Babasaheb Ambedkar Marathwada University, Aurangabad for M.Sc. Computer Science and Information Technology Course for the Academic Year 2016-2017.

Particulars of Students					
Name in CAPITAL LETTERS <i>Surname</i>		<i>First Name</i>		<i>Father/Husbands Name</i>	
Gender	Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Date of Birth:			
Category	Open : <input type="checkbox"/>	OBC : <input type="checkbox"/>	SC : <input type="checkbox"/>	ST : <input type="checkbox"/>	NT-A : <input type="checkbox"/>
	NT-B : <input type="checkbox"/>	NT-C : <input type="checkbox"/>			
Name of the College:			Name of the University:		
Whether appearing for B.Sc. III yr Examination			Passed: <input type="checkbox"/> Appeared: <input type="checkbox"/> (<i>Attach all copies of Mark Memos</i>)		
Address for Correspondence:			Phone No with STD Code:		
			E-mail ID:		
			Mobile No:		
			Place:		
			Date: / /		

Further, I declare that the information given above is true to the best of my knowledge

Signature of the Candidate _____

(*Enclose necessary documents)

ENROLLMENT FORM FOR CET – 2016 - 2017

