

## National Institute of Technology, Meghalaya (An Institute of National Importance under MHRD, Govt. of India) SaitSohpen, Sohra 793108, Meghalaya

## APPLICATION FORM

For Office use		
<b>Application No:</b>	TIH/TD/0110	

Affix latest colour Passport size Photograph here (self-attested)

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Name of the Applicant Mr./Ms.		
(In block CAPITAL letters)		
Father's/Mother's Name:		 
Gender: 4. Date of Birth:		
Marital Status:		
Spouse's Name:		 
Category:		
Present Mailing Address		
Pin code:		
Telephone No:		
E-mail ID:		
Permanent Address		
Pin code:		
Telephone No:		
E-mail ID:		
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Test Name	Re	egistration	Score		Rank	Q	Qualifying	
	Number		Percentag	ge Percentile	Kalik	Ye	ar/Month	
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Degree/ E (with disci	xam pline)	University / College / Board	Year of Passing	Percentage of Marks / CGPA	Class/Grade/	Rank	Subjects Taken	
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15.	Any other detail you want to provide to assess your candidature please provide the same.
16.	Details of two referees under whom the candidate has worked or studied
	Referee 1
	Name: Designation: University/Institute: E-mail id:
	Referee 2  Name: Designation: University/Institute: E-mail id:
I	DECLARATION BY THE APPLICANT hereby certify that the information furnished above are correct and complete. I am aware that if any
int	formation provided here is found to be incorrect my candidature/ selection is liable to be cancelled.
Da Pla	te: Signature of the Applicant ace:
	FOR OFFICE USE
	m the copies of certificates in support of the above particulars, it is certified that the applicant is <b>ible/not-eligible*</b> for further consideration by the Screening Committee.
	Signature of the officer in charge of Admission
*pa	rticulars