

4. Class obtained : _____

5. Month and Year of Passing : _____ /awaiting result (please give details)

6. University : _____ College : _____

7. GATE percentile (if applicable): _____ Year: _____

8. Subjects passed in more than one attempt: (Attach additional sheets if required)

S.No	Title of the Subject	No. of Attempts	S.No.	Title of the Subject	No. of Attempts

9. Professional Experience.

S.No.	Period		Designation	Nature of work	Organization
	From	To			

10. Name of sponsoring organization, if applicable:

(A sponsorship certificate is to be submitted in the format enclosed)

11(a) Address for Communication: _____

PO _____ Taluk: _____

District: _____ State: _____ PIN Code:

Phone No. with STD Code _____ e-mail: _____

Mobile: _____

11(b) permanent address: _____

PO _____ Taluk: _____

District: _____ State: _____ PIN Code:

Phone No. with STD Code : _____ e-mail: _____

12(a) Father's Name: _____

Age : _____ Date of Birth : _____

Occupation: _____ Annual income: Rs. _____

Office Address: _____

P.O. : _____ Taluk: _____

District: _____ State: _____ PIN Code:

Phone No. with STD Code _____ e-mail: _____

12.(b) In the case of married female candidates, please fill up this portion:

Husband's name : _____

Age: _____ Date of Birth: _____

Office Address : _____ Annual Income: _____

13. Mother's name: _____

Date of Birth: _____ Age: _____

Occupation: _____ Annual income: Rs _____
(Please specify)

Office Address: _____
If applicable

P.O _____ Taluk: _____

District _____ State: _____ PIN Code: _____

Phone No. with STD Code _____ e-mail _____

14. Name and address of local guardian: _____

Phone No. with STD Code _____ e-mail _____

Relationship with the student: _____

15. How did you come to know about AMRITA?

16. Why are you choosing AMRITA for higher studies?

DECLARATION

I, _____ Son / Daughter of _____ hereby declare that the particulars given by me in the application are true. I shall produce the original certificate at the time of admission or on demand. If, in future, any information is found to have been furnished falsely or incorrectly or any information suppressed to secure admission, I shall withdraw from the programme without any claim or consideration. I further state that I have read and understood the contents of the instructions and the brochure given with the application before filling the application.

Place:

Signature of the Applicant:

Date:

Name: _____

DECLARATION BY PARENT/GUARDIAN

I, _____ undertake the responsibility of my son/daughter/ward _____ who is seeking admission in the Amrita Vishwa Vidyapeetham and declare that the information furnished by him/her is correct and true and that if, in future, any information is found to have been furnished falsely or incorrectly or any information suppressed to secure admission, I shall withdraw my son/daughter/ward from the programme without any claim or consideration of the period of study/stage of the programme he/she has completed. I further state that I have ensured that the candidate has read and understood the contents of instructions and the brochure given with the application form, before filling the same.

Place:

Signature of the Parent/Guardian

Date:

Name: _____

SPONSORSHIP CERTIFICATE

(To be issued by the Head of the Institution Where the Candidate is Working)

This is to certify that _____

has been working as _____ in the Department of

_____ of this institution / Organization since

_____ He/She is sponsored for M.Tech VLSI Design / Power Electronics / Embedded System / CVIP / Integrated Design and Manufacturing / Engineering Design / Computational Mechanics / Computational Engineering & Networking / Cyber Security / Remote Sensing and Wireless Sensor Networks / Biomedical Engineering degree course (full time) at Amrita School of Engineering, Amrita Vishwa Vidyapeetham, Ettimadai, Coimbatore.

It is certified that he/she will not be withdrawn by us from the programme during the period of the course.

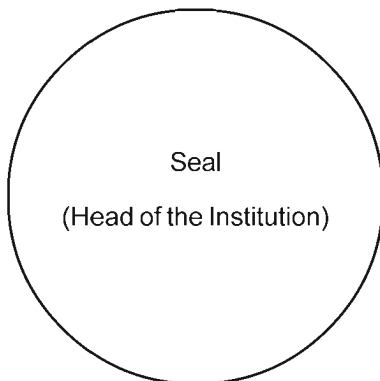
Date:

Signature

Place:

Name:

Designation:



PLEASE FILL UP THE COMMUNICATION ADDRESS IN CAPITAL LETTERS
AND RETURN ALONG WITH THE COMPLETED APPLICATION

Application No.

MT

Name : _____
S/O./D/o. : _____

_____Post
_____Dist
_____State
PIN: _____

Name : _____
S/O./D/o. : _____

_____Post
_____Dist
_____State
PIN: _____

Name : _____
S/O./D/o. : _____

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_____Dist
_____State
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S/O./D/o. : _____

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_____State
PIN: _____