

Application No.
(for office use only)



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**KAZIRANGA
UNIVERSITY**
KNOWLEDGE & BEYOND

Application Form

Program Preference (All fields are mandatory)

School of Engineering & Technology

B.Tech* B.Tech Lateral

**Please indicate order of preference for the branch by writing 1,2,3,4,5 beside the branch*

- Civil Engineering
 Mechanical Engineering
 Electrical Engineering
 Computer Science & Engineering
 Electronics & Communication Engg.

- M.Tech (Civil Engineering)
 M.Tech (Mechanical Engineering)
 M.Tech (CSE - ML & AI)
 M.Tech (CSE - Cyber Security)

School of Social Sciences

BSW BA (Soc) MSW

School of Business

MBA (with Dual Specialisation in Marketing, Finance, Operations, HR & IR, Hospital Administration)

BBA B.Com

School of Basic Sciences

- B.Sc (Chemistry)
 M.Sc (Physics)
 M.Sc (Chemistry)
 M.Sc (Maths)
 M.Sc (Biotechnology)

School of Computing Sciences

BCA MCA

School of Health Sciences

- Regular Lateral*
 D.Pharm *B.Pharm

- *B.Sc (Advanced Imaging Tech.)
 *B.Sc (Medical Laboratory Tech.)
 B.Sc (Operation Theatre Tech.)
 *B.Sc (Dialysis)
 B.Sc (Trauma, Emergency & Disaster Management)
 *Bachelor of Physiotherapy
 *Bachelor of Optometry
 M.Sc (Microbiology)
 Master of Optometry
 Master of Physiotherapy (Neurology/Orthopedics)
 M.Sc (Medical Laboratory Tech.) (Medical Microbiology)

*Lateral Programmes

Personal Details (All fields are mandatory)

Name: Category: Gen SC ST OBC/MOBC Def PwD

Date of Birth: Religion: Marital Status: Single Married

Nationality: Gender: Male Female

Student's E-mail: Students Phone No:

Father's Name: Father's Phone No.:

Mother's Name: Mother's Phone No.:

Guardian's Name: Guardian's Phone No.:

Guardian's E-mail: Parent's E-mail:

Correspondence Address (All fields are mandatory)

Address:

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Village/Town/City:

District: State:

Pin: Country:

Permanent Address (All fields are mandatory)

Address:

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Village/Town/City:

District: State:

Pin: Country:

Educational Qualification Details (All fields are mandatory)

Qualification	School/College/Institution	Main Subjects/Degree (Major/Branch)	Year of Passing	Board/University	Grade/Percentage/CGPA
Class X					
Class XII					
Diploma/ Graduation					
Postgraduation					

Entrance Test Details (if appeared)

Name of the Test	Month & Year of Passing	Percentile/Score	Rank

Achievements/Co-curricular activities (if any):

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What brought you to The Assam Kaziranga University?

Hoardings TV Ads Newspaper/Magazine Social Media Website Consultant (Name):

Recommendation by Friends (Name): Others (Please Specify):

Facilities Required

Hostel Transportation

Declaration

I declare that I shall abide by the rules and regulations of The Assam Kaziranga University which will be in force from time to time. I submit myself to the disciplinary jurisdiction of the Vice Chancellor and the several bodies in The Assam Kaziranga University who may be vested with the authority to exercise discipline under the Act, the Statute, the Ordinance and the rules that have been framed thereunder by the University.

I, hereby, declare that I have carefully read and understood the instructions and particulars supplied to me and that all the statements made in this application are true and complete to the best of my knowledge and belief. I understand that the competent authority can take appropriate action against me in case any of the information is found to be incorrect at any stage.

Date:

Signature of Parent/Guardian

Signature of the Applicant