



REGISTRATION FORM

JB INSTITUTE OF
TECHNOLOGY

JBIT COLLEGE OF
APPLIED SCIENCES

JBIT COLLEGE OF
PHARMACY

Approved by AICTE, Min. of HRD, Govt. of India
Affiliated to Uttarakhand Technical University
Affiliated to Uttarakhand Board of Technical Education, Roorkee
Affiliated to Sridev Suman Uttarakhand University

*Inspiring Minds...
Transforming Lives...*

After filling please return to

Admission Head

23 Milestone NH 7, Shankerpur, Chakrata Road, Dehradun (Uttarakhand)

Mobile: 8449199991, 9368623660

E-mail: info@jbitdoon.com | Website: www.jbitdoon.com

CANDIDATE INFORMATION

1. Name of the Candidate _____

2. State of Domicile _____ 3. Nationality _____

4. Gender Male Female 5. Date of Birth

6. Religion _____

7. Category a) General SC ST OBC
 b) Physically Handicapped Freedom Fighter's
 Ex-defence Personnel Minority

8. Father's Name _____ 9. Occupation _____

10. Organization Address _____
 City _____ Pin _____ State _____

11. Mother's Name _____ 12. Occupation (If any) _____

13. Correspondence Address : House No./Village/Area _____ Landmark _____
 P.O. _____ Police Station _____ Tehsil _____
 Distt. _____ State _____ Pincode _____

14. Permanent Address : House No./Village/Area _____ Landmark _____
 P.O. _____ Police Station _____ Tehsil _____
 Distt. _____ State _____ Pincode _____

15. Contact Number (Father) _____ 16. Contact Number (Mother) _____

17. Contact Number (Guardian) _____ 18. Contact Number (Self) _____

19. Adhaar No./Citizenship Id _____

20. E-mail _____

EDUCATIONAL QUALIFICATION

| Examination Passed | Examining Board/ University & Institution | Year | Percentage | Subjects |
|----------------------|--|------|------------|----------|
| High School | | | | |
| Intermediate or 10+2 | | | | |
| | | | | |
| | | | | |



ENTRANCE EXAMINATION (IF APPLICABLE)

| Entrance Exam | Roll No. | All India Rank Overall | State Rank | Score/Percentile |
|---------------------|----------|------------------------|------------|------------------|
| JEE/UKSEE/GATE/JEEP | | | | |
| | | | | |

PROGRAMME APPLIED

M.Tech B.Tech Diploma in Engg. BBA B.Sc (Agriculture)
B.Pharm D.Pharm

MASTER OF TECHNOLOGY

Computer Science & Engg. (CSE)

Preference of Branch in B.Tech

Civil Engineering Mechanical Engineering Computer Science & Engineering
Electronics & Communication Engineering Electrical Engineering

Preference of Branch in Diploma in Engineering

Civil Engineering Mechanical Engineering Electrical Engineering

Applied Sciences

B.Sc. Agriculture

Management

BBA

Pharmacy

Bachelor of Pharmacy

Diploma in Pharmacy

Hostel Required Yes No

Transportation Required Yes No

Any information pertinent to this application _____

List of documents (attested photocopy) attached along with the form.

- | | | | |
|--|--------------------------|------------------------------------|--------------------------|
| • High School/Secondary mark sheet | <input type="checkbox"/> | • Category certificate (SC/ST/OBC) | <input type="checkbox"/> |
| • Intermediate/Senior Secondary mark sheet | <input type="checkbox"/> | • Domicile | <input type="checkbox"/> |
| • Graduation mark sheets | <input type="checkbox"/> | • JEE/UKSEE/JEEP/GATE Scored/Rank | <input type="checkbox"/> |
| • Diploma mark sheet | <input type="checkbox"/> | • Income Certificate | <input type="checkbox"/> |



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UNDERTAKING

I _____ hereby certify & confirm that the information filled in the registration form is complete and accurate in all respects. If at any stage it is found out that I am not able to fulfill the minimum prescribed eligibility criteria of the University, my admission granted by the Institute would be cancelled and I will have no right/claim towards the Institute.

I thus declare that information furnished by me in the application form is true in all respects and I am aware of the fact that in case of any wrong declaration, my registration/admission will stand cancelled & fee will be forfeited and I will have no objection in that case.

I hereby undertake that I have carefully gone through the eligibility conditions prescribed in the prospectus/ website for the program.

Place _____

Date _____

Signature of Parent/Guardian

Signature of the Candidate

FOR OFFICE USE

Registration No. : JBIT/Reg./ _____

1. Details of fee paid:

a) Fee paid cash/DD Rs. _____ vide
Receipt No. _____ date _____

2. Course _____ Branch _____

3. Remarks if any _____

Admission Executive

Name & Signature

Name & Signature