No.132, AECS Layout, I.T.Park Road, Bangalore 560 037. Tel: +91 80 28524466, 28524477, Fax: +91 80 28524630. Email: info@cmr.ac.in www.cmr.ac.in

CMR INSTITUTE OF TECHNOLOGY



Application No.	Course applied for: BE: □	MTech: □	MCA: □	PhD: □	
	Branch:				CC.
					affix a passport size
PERSONAL DATA					photograph
1. Name					
2. Date of Birth		. 3. Place of Bi	rth		
4. Sex Male □ F	emale 🗆	5. Nationalit	y Indian □	NRI 🗆	Foreign National
6. Passport No. (if NRI or Foreign	National)	. Place of Iss	sue		
Date of Expiry of Passport		. Blood Gro		Mobile No	
7. Existing Visa details (if applica	ble)				
Reference Visa No		Type of Vis	a		
Visa Issued by		Expiry Date	2		
8. Religion		. Caste & Gr	oup		Whether SC 🗆 ST 🗆
9. Father's Name				Mobile N	lo
10. Educational Qualification		11. Occupation	on		
12. Designation		. 13. Annual Ir	icome		
14. Mother's Name				Mobile N	lo
15. Educational Qualification		16. Occupation	on		
17. Designation		. 18. Annual Ir	icome		
19. Permanent Address		. 20. Present A	ddress		
	State				
E mail		. E mail			
STD Code & Phone No		. STD Code	e & Phone No		
21. Local Guardian's Name					
22. Local Guardian's Address					
STD Code & Phone No	Mobile N	lo	E m	nail	

demonstrations and will not induce others to do so. I also agree not to involve myself in the damage to the college or any university property and not indulge in any act that will lower the prestige of the college and self. I am very well aware that ragging co-students is a punishable crime. I will not indulge in any act of ragging co-students and will not induce others to rag co-students.

I will use the library and other facilities of the college with care. I will not deliberately abstain from the classes, tests and examinations and will not conduct myself in any manner that shows disrespect to any staff member of the college or my classmates. I will maintain at least the minimum attendance of 85% in each of the subjects as per the university rules or otherwise I understand that I am not eligible to take up the university examination. I will be punctual to the classes and will never carry any nonacademic electronic gadgets such as mobile phones, iPods etc. that disturbs the academic environment. I understand that just possessing these gadgets in the campus will result in the seizure of the same by the college officials and will not be returned at any case. I will also not indulge my parents to recommend for the same.

I further agree to abide to the rules and regulations of CMR INSTITUTE OF TECHNOLOGY and I submit myself to the disciplinary jurisdiction of the University and college who may be vested with the authority to exercise discipline under the act, the statutes, the ordinance and the rules that have been framed and to be framed from time to time by the university and/or college. I also understand that I am liable to be punished if I violate the general code of discipline and rules of the college and that I have no right to question any punishment imposed on me by the college authorities. The punishment may be in the form of fine, suspension from the college for a definite period, or explusion from the college.

Place	
Date	Signature of the Applicant
DECLARATION BY THE PAR	RENT OR THE GUARDIAN
I, father / mother	er / guardian of have
read and fully understood the rules and regulations of	the college. My son / daughter / ward has signed the
above declaration in my presence. I agree to extend my t	full co-operation to the college authorities in ensuring
that my son / daughter / ward abide by all the rules and l	, , , , , , , , , , , , , , , , , , , ,
I further agree to visit the college as often as possible to	
discipline and progress of my son / daughter / ward.	acquaint mysell about the attendance, panetaanty,
, , , ,	
I also agree to make all payments to the Institute as per s	chedule. I understand that my son / daughter / ward is
provisionally admitted and in case the university rejects t	the eligibility at a later date, I will not claim any refund
from the college and I will not hold the college responsib	le.
Place	
Date	Signature of the Parent/Guardian

CHECK LIST

Name.								
Branch.								
Category								
Entrance. CET: COMED-K: AIEEE: PGCET: KMAT: MAT: CAT: CAT:								
Admit Card No.								
Rank								
Admitted under CET: COMED-K: AlEEE: PGCET: KMAT: MAT: CAT: CAT:								
DOCUMENTS MANDATORY								
,	Photo Co							
UG PG	UG	PG						
1 1 1 1	1 sets	3 sets						
	4 sets	3 sets						
3. Degree Marks Cards (all Semesters/ Years) - 1	-	3 sets						
4. Transfer Certificate 1 1 4	1 sets	3 sets						
5. Migration Certificate (NKR/CBSE/ICSE) excluding Karnataka Board 1 1 4	1 sets	3 sets						
6. Caste Certificate (if applicable only)	1 sets	3 sets						
7. Conduct Certificate 1 1 4	1 sets	3 sets						
8. Entrance Exam Rank Card 1 1 4	1 sets	3 sets						
9. Photos: Passport & Stamp size 2 each 2 each	- [-						
10. For NRI / Foreign Students only								
	sets	5 sets						
	sets	5 sets						
	sets	5 sets						
	sets	5 sets						
e. Eligibility Certificate from AIU	, 5005	5 5005						

ELIGIBILITY CRITERIA (To be filled up by Students only)

UNDER GRA Subjects Optional	A D U A T E Max Marks	Marks Obtained	POST GRA Year / Semester	Marks	Percentage
Physics			1		
Chemistry			2		
Mathematics			3		
			4		
Total	[5		
			6		
Have you studied English in 12th Standard Yes/No			7		
			6		
PCM %				Total	

DECLARATION BY THE PARENT AND APPLCANT

I understand that I have been admitted to the said course overlooking the candidature of other applicants who are willing to pay the fees as stipulated by the authorities. Therefore I hereby unconditionally indemnify the college authorities from all claims and liabilities arising out of cancellation of the seat allotted to me.

I understand that if after commencement of the program, I discontinue my programme before completion; I remain liable to pay the full tuition fee and any expenses or costs incurred by the college for the remaining period of the entire course.

I understand the conditions under which I may become entitled to a refund of tuition fees and agree that the college authorities may retain the amounts and I hereby undertake not to claim any refund whatsoever of any amount paid by me to the college authorities.

Signature of the Parent / Guardian	Signature of the Applicant
Place	
Date	

ACADEMIC RECORD Course 1 Institution Year of Study Class & Class Studied obtained Attended From % of Marks FCD/FCSC IIPUC / ICSE / CBSE Degree / Diploma CET: COMED-K: AIEEE: PGCET: KMAT: MAT: CAT: GATE: 2. Entrance Exam Details Year 4. ACHIEVEMENTS IN SPORTS 5. EXTRA CURRICULAR ACTIVITIES 6. IF HANDICAPPED (Any special attention needed) Yes No DECLARATION DECLARATION BY APPLICANT ___ son / daughter / ward of ___ declare that the information furnished above is true to the best of my knowledge and belief and that if any detail is found to be untrue or incorrect or misleading and hence if the college or the university rejects my eligibility at a later date, then I understand that, I am liable to forfeit my admission along with all the fees paid. I understand that I have been admitted to the said course overlooking the candidature of other applicants who are willing to pay the fees as stipulated by the authorities. Therefore I hereby unconditionally indemnify the college authorities from all claims and liabilities arising out of cancellation of the seat allotted to me. I hereby undertake not to claim any refund

I shall clear all the dues pertaining to the college towards tuition and other fees and the hostel towards the boarding and lodging fees in time. I shall also make arrangements to pay all the deposits required in the college and hostel. If I am admitted to the hostel, I shall vacate the hostel in case I am detained in any stage. I also understand that I will not be permitted to appear for the university examinations if I do not clear the arrears due to the college and hostel.

I also promise that, I will neither involve myself in any unlawful or provocative or communal or anti-social or political activities, nor cause physical harm to any fellow student or teacher or official. I will not participate in any strike or

whatsoever of any amount paid by me to the college authorities.

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MEDICAL REPORT

		Name :				Address				
Age : Sex : Male / Female										
	•••••									
			Family History:							
			Personal History :							
Pulse :	Ht.	cms.	Vision - L		R	BP:	mmHg			
Wt.	k	gs.	Hearing							
Expiration :	c	ms	inspiration:	cms		Abdomen:	cm s			
S)										
(PA)										
			Dia ad Craura							
			Blood Group :							
			Signature							
nte : Name of Doctor										
	Pulse : Wt. Expiration :	Pulse: Ht. Wt. k Expiration: c	Pulse: Ht. cms. Wt. kgs. Expiration: cms	Personal History: Pulse: Ht. cms. Vision - L Wt. kgs. Hearing Expiration: cms inspiration: (PA) Blood Group: Signature	Family History: Personal History: Pulse: Ht. cms. Vision - L Wt. kgs. Hearing Expiration: cms inspiration: cms (PA) Blood Group: Signature	Family History: Personal History: Pulse: Ht. cms. Vision - L R Wt. kgs. Hearing Expiration: cms inspiration: cms (PA) Blood Group: Signature	Family History: Personal History: Pulse: Ht. cms. Vision - L R BP: Wt. kgs. Hearing Expiration: cms inspiration: cms Abdomen: Signature			