



IDEAL INSTITUTE OF TECHNOLOGY, GHAZIABAD (U.P)

Affiliated to Dr APJ Abdul Kalam Technical University, Lucknow & Approved by AICTE, Ministry of HRD, Govt of India

GOVINDPURAM GHAZIABAD- 201003 [UP]

REGISTRATION FORM FOR SESSION 2019-2020

E-MAIL : admission2019@idealinstitute.ac.in

Admission Applied in (Please Tick in appropriate box)

B. Tech: CSE IT ECE EEE ME CE

Diploma in: CE ME

Photo

I. Personal Details

1. Name of the Candidate (In Capital letters as entered in the qualifications)

2. Name of the Father (In Capital Letters)

3. Name of the Mother (In Capital Letters)

4. Date of Birth

5. Category Gen OBC SC ST OTH

6. Domicile Yes No

7. Father's Annual Income (in Rs.)

8. Address for Communication (In Block Letters)

Pin Code

Contact No.

9. Permanent Address (In Block Letters)

Pin Code

Contact No.

II. Education Details

Description	Roll No.	Year Of passing	University Or Board	Institute Or School Name	Marks (in %)	Marks in PCM (in%)
B. Sc./B. A/B. Com /BCA/BBA						
12 th						
Diploma						
10 th						

III. Competitive Exam Details

Exam Name (JEE / UPSEE)	Roll No.	Year of Exam	Percentile	Marks	Rank

IV. Institute Related Information (Please tick)

1. Hostel Requirement

<input type="checkbox"/>	<input type="checkbox"/>
(Yes)	(No)

2. From where you came to know about the Institutions

- Newspapers
- Electronic Media
- Banners/Hoardings
- Mouth Publicity
- Any other (Please specify)

(STUDENT'S SIGNATURE)

(PARENT'S SIGNATURE)

V. Official Remark

Admission is approved on temporary basis in **B. Tech/Diploma**. Programme in the _____
Branch for the session 2019-20

(Signature with seal)

(*:Subject to approval)