



SHRI G.S. INSTITUTE OF TECHNOLOGY & SCIENCE, INDORE (MP)

Govt. Aided Autonomous Institution, Established in 1952

23, Park Road (Sir M. Visweshwarya Marg), Indore - 452 003 (M.P.), India,

Phone. : 0731-2582112, 2582121, 2582125

Website : www.sgsits.ac.in; email: director@sgsits.ac.in

APPLICATION FORM

FOR FOREIGN NATIONAL (FN), OVERSEASE CITIZEN OF INDIA (OCI)
& CHILDREN OF INDIAN WORKERS IN GULF COUNTRIES (CIWGC)

FOR ADMISSION TO FIRST YEAR B.TECH./ B.PHARMACY COURSES (SESSION 2023-2024)

COURSE FOR WHICH APPLIED:

YOUR CHOICE OF BRANCHES OF B. TECH. COURSE IN THE ORDER OF PREFERENCE

(B.Tech. – Civil/ Electrical/ Ind. & Prod./ Computer/ Elex. & Telecomm./ Mechanical/
Elex. & Instru./ Info. Tech./ Bio Meēical/ Bio Medical (Indian Language)

(B. Pharma.- Bachelor of Pharmacy)

(M.Pharma.- Master of Pharmacy)

(Fill your Choices/ Preferences)

- | | | |
|-----------|-----------|-----------|
| (1) _____ | (2) _____ | (3) _____ |
| (4) _____ | (5) _____ | (6) _____ |
| (7) _____ | (8) _____ | (9) _____ |

1. DETAILS OF CANDIDATE:

(A) Name (IN BLOCK LETTERS) _____

(B) Address for Correspondence _____

City _____ State _____ Country: _____

Pincode _____ Phone No. _____

E-mail : _____

(C) Date of Birth

Date _____ Month _____ Year _____

(D)Passport No. of candidate (if available) _____

(E) Issuing Authority _____

(F) Merit Marks in Physics, Chemistry,
Mathematics of 12th class of 10+2
system of M. P. Board or equivalent
Examination (for 4 year B.Tech. Course.)

Marks (PCM) _____ out of _____

Marks (PCM) _____ %

Total Marks (in 12th) _____ out of _____ = _____ %

2. DETAILS OF QUALIFYING EXAMINATION

(A) Name of Examination _____

(B) Year of Passing _____

(C) Aggregate Marks (%) _____

(D) Board/University _____

(E) Proof of Equivalence _____

3. SPECIFY, IF ANY HIGHER EXAMINATION IS PASSED

(A) Name of Examination _____

(B) Year of Passing _____

(C) Aggregate Marks (%) _____

(D) Board/University _____

4. Are you a **FN/OCI/CIWGC** Candidate?
(Strike out whichever is not applicable)

5. If you are a **Foreign National(FN)** candidate, give details:

- (A)Name _____
- (B)Passport no. _____
- (C)Issuing Authority _____
- (D) Nationality/Citizenship _____
- (E) Country _____

6. If you are a **Overseas Citizens of India (OCI)**candidate, then give the details of the person, who held Indian Passport.(Candidate/Parent/ (Strike out whichever is not applicable)

- (A) Name of Person _____
- (B)Passport No. _____
- (C)Date of Issue _____
- (D)Issuing Authority _____
- (E) Country _____

7. If you are a **Children of Indian Workers in Gulf Countries(CIWGC)**candidate, enclose a certificate from concerned Indian Diplomatic Mission (Embassy)/ Chancellery/ Commission to the effect that your Father/ Mother is serving in that country

- (A)Country in which mother/father working _____
- (B)Issuing Authority of passport _____
- (C)Date & Number _____
- (D)Organization (where working) _____
- (E) Date of expiry of work permit _____

8. Details of Father

- (A)Name _____
- (B)Occupation _____
- (C)Passport No. _____
- (D)Issuing Authority _____

9. Details of Mother

- (A)Name _____
- (B)Occupation _____
- (C)Passport No. _____
- (D)Issuing Authority _____

10. Permanent Address of Parent

City _____ State _____
 Country _____ Pincode _____
 Phone No. _____ Fax No. _____
 Email _____

11. Present Address of Parent

City _____ State _____
 Country _____ Pincode _____
 Phone No. _____ Fax No. _____
 Email _____

12. Details of the Demand Draft in case the application form has been downloaded.

- (A) Demand Draft No. _____
 (B) Date of Issue _____
 (C) Issuing Bank _____
 (D) Amount : Rs. 5000/-

(Attach a DD of Rs. 5000/- or Equivalent in LRS 5 in favour of "Director, SGSITS Indore" payable at Indore.)

13. DECLARATION BY THE CANDIDATE

I, _____ solemnly declare that the above information is correct and I know that my admission is liable to be cancelled, if any of the above information, is found incorrect. I agree to provide all the additional information and certificates required for the consideration of my application. I undertake to abide by the rules and regulation of the Institute during the period of study, if I am admitted to the course.

Date : _____

Place: _____

(Signature of Candidate)

(Signature of Parent)