Application form	
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3. 1	Nam	e of	the	Guar	dian	(in c	case :	fathe	er is 1	not a	live)									

4. Occupation of	father							
5. Date of Birth			6. Ge	nder Male	Fem	ale		
7. Nationality 8. Religion								
9. Correspondence	ce Address	10. Caste	GEN	SC	ST	OBC		
11. Permanent A	ddress							
12. Contact No.								
13. Parents Conta	act No							
14. E-mail ID								
15. Blood Group		Do you need		ccommodatio	n: Yes	No		
	formation from HSC				X7 C	0/ 6		
Exam Passed	Name of the Board/University	Subject/Disc	cipline		Year of passing	% of marks/ CGPA		
High School								
(10 th standard)								
10+2/or Equivalent								
B.Sc/or								
Equivalent								
B.Tech/or								
Equivalent								
M.Sc/or								
Equivalent								

1. 1	(For Hosteller) 1. Name of the Local Guardian																				
2. 4	2. Address of the Local Guardian																				
	3. Contact No - 4. Relationship of applicant with Local Guardian																				
5.]	5. Mention Chronic illness if any																				
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Date.

Signature of the Applicant

DECLARATION OF THE CANDIDATE

I hereby declare that all The Particulars stated by me in this Application are true to the best of my knowledge and belief. I have read the Information Broucher for admission in to MAJHIGHARIANI INSTITUTE OF TECHNOLOGY & SCIENCE (MITS), RAYAGADA and I shall abide by the terms and condition therein. It is entirely my responsibility to prove my eligibility for admission to the programme for which I am admitted and also, in respect of qualification, nationality etc. made in my application form. I understand that my admission if granted or degree acquired subsequently is liable for cancellation. I also understand that the decision of MITS regarding my admission will be final and I shall abide by the ordinance and regulations of MITS from time to time. It is my responsibility to abide the rules and regulations framed by the concerned university of my current studies.

The Institute will not responsible if my admission will not be accepted by the University/State Central authorities, I would also be liable to make good any loss that may caused due to rejection of my admission on any ground. I am fully aware of the rules that the fees once paid will neither be refunded nor adjusted under any circumstances whatsoever.

MODE FOR PAYMENT OF FEE:

The fees paid are non refundable and must be in shape of Demand Draft, in favour of "MAJHIGHARIANI INSTITUTE OF TECHNOLOGY & SCIENCE" and payable at RAYAGADA. Hostel fees once paid will not be refundable and the hostellers are required to take food served at the hostel only.

Place	
Date	Signature of the Applicant

DECLARATION OF THE PARENT / GUARDIAN

The facts mentioned above by my ward are true and above signature is of my ward. I hereby declared that my ward will abide all the rules and regulations and also the codes of conduct of the Institute and the University. I shall be totally responsible for his/her misconduct at the institute if admitted and I promise to compensate for damage that may have been caused by my ward during his/her tenure at the institute. The fees payment opted by me /my ward is convenient to me and I will pay the dues whatsoever on or before the due dates.

Place	
Date	Signature of the Parent/Guardian