

	Applica	tion Form			
Affix a self					
attested photograph			ation No.		
			ter No fice use)	Roll No	D
Name (Block letters)	(First name)	(Middle name)		(Last name)	
		,		,	
Father's Name/Guardian Na	ame (First name)	(Middle n	ame)	(Last na	ame)
Tather's Occupation		Post/Designation			
Jilice Audiess					
Mother's Name/Guardian N	Vame	/h /l:-1-11	ama)	/11	ama)
Mathagra Octobra	(First name)		ame)		
		Post/Designation			
Office Address					
Date of birth DD	MM	YYYY			
Gender Male	Female				
Educational Description	1				
Class Name of the Bo	oard Name of th	e School	% in aggregate	% in PCM	Remarks
	oard Name of th	e School		% in PCM	Remarks
12th	oard Name of th	e School		% in PCM	Remarks
	oard Name of th	e School		% in PCM	Remarks
12th	oard Name of th	e School		% in PCM	Remarks
12th 10th Merit Description			aggregate	Ra	nking in
12th 10th Merit Description	ne of the Competitive Exam appear			Ra	
12th 10th Merit Description			aggregate	Ra	nking in

Permanent Address		Correspondence Address
Pin :		Pin :
Tel. :		Tel. :
Email :		Mobile :
Details of Payments		
Cash / Draft No		Dated
of amount	drawn on	payable at
I certify that above mention	ned information is correct and comp	lete in all respect.
Date:		
	Candidate Signature	Parent / Guardian Signature
Checklist		

The following documents are required along with the application form:

- Duly filled application form.
- A Demand Draft of `700/- in favour of APIIT SD INDIA, payable at Panipat.
- In case of OBC/SC/ST, the photocopy of certificate of the respective category from the competent authority.

Semester Topper Reward

To promote a healthy competition among students, APIIT Provides Cash Reward & Certification to the 1^{st} , 2^{nd} and 3^{rd} ranked students of each semester

Approved by AICTE, MHRD, Govt. of India and Dept. of Technical Education, Govt. of Haryana

APIIT SD India, Faridpur Road, G T Road, Karnal Side,
Panipat 132103, Haryana (INDIA)
Tel:+91 0180-6532444, 0180-6532555 Tele Fax: +91 0180-2577273
email: info@apiit.edu.in website: www.apiit.edu.in

ATTESTATION FORM-A OFFICE COPY (TO BE FILLED BY THE CANDIDATE) **Application No.** Test Date : _ Name Affix your latest passport size Correspondence Address :_____ photograph of 4.5 cm x 3.5 cm. size City: __ For Office Use Photograph may be scanned, hence ensure good quality Roll No. photograph and proper pasting. Do not stamp the photograph. **ATTESTATION FORM-B** FOR USE BY APIIT AT THE TEST CENTERS FOR VERIFICATION OF THE CANDIDATE (TO BE FILLED BY THE CANDIDATE) **Application No.** Affix your latest passport size APIIT SEAL ONLY Test Date : _ photograph of 4.5 cm x 3.5 cm. Name size Correspondence Address :____ For Office Use _____ PIN Roll No. **ACKNOWLEDGMENT CARD / FORM-C** APIIT SD India, Faridpur Road, Panipat (Haryana) 132 103 (To be filled by the Candidate) Acknowledgment **Application No.** Name of Candidate : _____ (To be filled by APIIT-SD INDIA) Received on___ For Office Use Roll No. THIS ACKNOWLEDGMENT WILL BE ISSUED BY APIIT ONLY.

C	hoice of Test Center	
Test Centre Code : (First)	(Second) (Third)	
Test Centre Name :		
(First)	(Second) (Third)	
Signature of the Candidate	DEAN	
the Candidate	For Office Use Allotted Test Centre Code: Allotted Test Centre Name:	-
		_
C	Choice of Test Center	
Test Centre Code :		
(First)	(Second) (Third)	
Test Centre Name :(First)	(Second) (Third)	-
Signature of		
the Candidate	DEAN	_,
Centre Superintend/Invigilator with Sea	For Office Use Allotted Test Centre Code:	
	Allotted Test Centre Name :	-
/O P		
(Candidate should write h	his/her name and address in Capital Letters)	
То	Candidate to	7
Name	effix: 4/-	
Correspondence Address : ———		
City Pin		
	Mobile :	_