Application Form No. ☐

Application Form for CET-2009
For BPT/BOT/BPO Courses
At SVNIRTAR & NIOH

(An autonomous body under the Ministry of Social Justice & Empowerment, Govt. of India)

At : B. T. Road, Bon-hooghly, Kolkata-700 090

INSTRUCTIONS :

i) Before filling up the application form please read instructions given in the prospectus carefully.

ii) Use BLACK/BLUE BALL PEN and Capital Letters for filling the form.

iii) Please refer the checklist. (Tick √) in the appropriate box against columns.

Affix recent passport size photograph

Roll No. for office use only : ☐

☐

Signature of the candidate

1. Name of the candidate as recorded in tenth class certificate (IN CAPITAL LETTERS)

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First Name Middle Name Last Name

2. Category (Tick √)

(a) GEN ☐ (b) SC ☐ (c) ST ☐ (d) OBC ☐ (e) PD ☐

3. Gender (Tick √)

Male ☐ Female ☐

4. Nationality (Tick √)

Indian ☐ Foreign ☐

5. Date of Birth

Date ☐☐ Month ☐☐ Year

6. Centre Code

1st Preference ☐☐☐ 2nd Preference ☐☐☐

7. Year of Passing 10th class or equivalent

☐☐☐☐

8. Year of qualifying examination 10 + 2 (Tick √)

☐ 2005 ☐ 2006 ☐ 2007 ☐ 2008 ☐ 2009

Contd.....

9. Percentage of Marks in 10th or equivalent

10. Percentage of Marks in 10 + 2 or equivalent

PCB

PCM

11. Address of the Candidate :

Name : .....

Address : .....

.....

Sate..... PIN CODE :

Phone No. : E-mail Address

12. State Code :

13. Name of the parent/guardian as recorded in the 10th class certificate

First Name Middle Name Last Name

14. Relationship (Tick √) Father Mother Other

15. Details of CET-2009 FEE Payment : Bank Draft No..... Dated.....
Amount..... (Applicable for downloaded form only)

16. Declaration by the Candidate and the Guardian :

We declare that all the particulars stated in this application are true to best of our knowledge and belief. In the event of suppression or distortion of any fact, made in above application form, we understand that the candidate will be denied the opportunity to appear in the COMMON ENTRANCE TEST/ADMISSION. If already admitted; the candidate's admission will be cancelled. We also understand that the decision of the authorities of CET-2009, regarding the admission will be final. If admitted, it is assured that the candidate will follow the rules and regulations of the Institute and University and if the candidate is found guilty of any misconduct the candidate shall be liable for punishment as deemed fit by the Institute authority.

Signature of the Parent/Guardian
Place :
Date:

Signature of the Candidate
Place :
Date :

N.B. : Duly filled in application form should reach :

The Chairman CET-2009
***C/o* Director**
National Institute For The Orthopaedically Handicapped
B. T. ROAD, BON-HOOGHLY,
KOLKATA-700090