UNIVERSITY OF KERALA

Re-accredited by NAAC with 'A' Grade

Department of Computer Science / Optoelectronics / Future Studies
Application for Admission to M.Tech for the year 2017

Last Date for submitting the application: **7th July 2017**

Name of Applicant:

Mode of payment of Application ⎫ : DD / Pay-in-slip
     and Registration fee ⎭

Amount:

DD / Pay-in-slip No.:   Dated:

Bank:

Affix Passport Size
Photograph here

1. Name of the University Department to which application is being submitted and Name of the course (Refer prospectus)	**Name of Department**	**Name of Course**
2. Name of Applicant (In block letters with initials last)		
3. Address to which communications are to be sent		
4. Telephone number	Res: Mob:	
5. E-mail address		
6. Permanent Address		
7. Age and Date of Birth		
8. Sex		
9. Nationality		
10. Father's / Guardian's name and address		
11. Occupation and annual income of parent		
12. Name and address of Local Guardian, if any Telephone number if any		
13. If you belong to **Scheduled Caste** or **Scheduled Tribe** write the **community** in the appropriate box. **(Produce attested copy of the Community Certificate from a Revenue Officer not below the rank of the concerned Tahsildar.)**	**Scheduled Caste**	**Scheduled Tribe**
14. Are you eligible for **Physically Handicapped reservation**? (Write **Yes / No**). (If **Yes, produce attested copy of the Disability Certificate from the Medical board of a Government Hospital, otherwise, the application should not be considered for reservation.**)		

15. Do you belong to any of the following reservation category. Write **Yes or No** in the appropriate column and also write the **community**.

Category	EZHAVA	MUSLIM	OBC- HINDU (Ezhava excluded)	LC-SIUC	OBC-Xian	BPL (from forward community)
Yes / No						
Community						

(Produce attested copies of Community and Income Certificate from a Revenue Officer not below the rank of the concerned Village officer for EZHAVA / MUSLIM / OBC-HINDU / LC-SIUC / OBC-Xian reservation, otherwise the application should not be considered for reservation.)

(Produce attested copies of Community Certificate and BPL certificate specifying the relevant number in the BP list from the concerned officer for BPL reservation, otherwise the application should not be considered for reservation.)

16. Particulars of GATE/UGC-CSIR-NET score **(Produce attested copy of the GATE/UGC-CSIR-NET Score Card)**	**Score -** **Valid upto -**
17. Are you applying for **SPONSORED category**. Write **Yes / No**. **If Yes**, give the following details (**Produce Experience certificate and Sponsorship certificate from the employer in the format specified in the prospectus and a certificate to prove the valid registration and certification of the company, for those who are working in company/firm/industry.**)	**Name of Employer –** **Number of Years of Experience –**

18. Educational Qualifications **(Produce attested copies of the mark lists of all semesters / years)**

Examination Passed	Main Subject	Class/ Rank	% of Marks/CGPA	Year of passing	College/ Institution	University
19. Any other information the candidate may wish to add						

DECLARATION

I ……………………………. do hereby declare that the statements made in the application are true to the best of my knowledge and belief.

Place:

Date: Signature of the applicant

For office use only

Date of Receipt of application   :

Date of admission   :

Admission No.   :

Remarks   :

Head of the Department

UNIVERSITY OF KERALA
Department of Computer Science

Entrance Test for admission to M.Tech for the year 2017
(for candidates with no valid GATE/NET score)

<u>HALL TICKET</u>

This hall ticket duly filled should be returned along with the application form with photo and signature attested by a Gazetted Officer.

Section I

Date of Test: *Time:*

Place: **Register No.**

Name of Candidate   :

Address   :   _____

Signature of the candidate
(To be signed in the presence
of Identifying Officer)

_____

I certify that the photo and signature are that of _____

Identifying Officer's Name _____

Designation _____

Affix Passport Size
Photograph here

Signature of the Identifying Officer
(To be signed on the photograph)

(Office Seal)

Section I to be detached and handed over to the Invigilator at the time of examination

--- Cut Here ---
Section II

Date of Test: *Time:*

Place: **Register No.**

Name of Candidate :
Address   :

Signature of the Candidate

UNIVERSITY OF KERALA
Department of Optoelectronics

Entrance Test for admission to M.Tech for the year 2017
(for candidates with no valid GATE/NET score)

<u>HALL TICKET</u>

This hall ticket duly filled should be returned along with the application form with photo and signature attested by a Gazetted Officer.

Section I

Date of Test: *Time:*

Place:

Register No.

Name of Candidate   :

Address   :

_____
Signature of the candidate
(To be signed in the presence
of Identifying Officer)

_____

I certify that the photo and signature are that of _____

Identifying Officer's Name _____

Designation _____

Affix Passport Size
Photograph here

Signature of the Identifying Officer
(Office Seal)   (To be signed on the photograph)

Section I to be detached and handed over to the Invigilator at the time of examination

--- Cut Here ---
Section II

Date of Test: *Time:*

Place:

Register No.

Name of Candidate :
Address   :

Signature of the Candidate

UNIVERSITY OF KERALA
Department of Future Studies

Entrance Test for admission to M.Tech for the year 2017
(for candidates with no valid GATE/NET score)

HALL TICKET

This hall ticket duly filled should be returned along with the application form with photo and signature attested by a Gazetted Officer.

Section I

Date of Test: *Time:*

Place:

Register No.

Name of Candidate   :

Address   :

_____
Signature of the candidate
(To be signed in the presence
of Identifying Officer)

I certify that the photo and signature are that of _____

Identifying Officer's Name _____

Designation _____

Affix Passport Size
Photograph here

Signature of the Identifying Officer
(To be signed on the photograph)

(Office Seal)

Section I to be detached and handed over to the Invigilator at the time of examination

-- Cut Here --

Section II

Date of Test: *Time:*

Place:

Register No.

Name of Candidate :
Address   :

Signature of the Candidate