

Student Visa : Yes No

Transport : Yes No

Hostel : Yes No

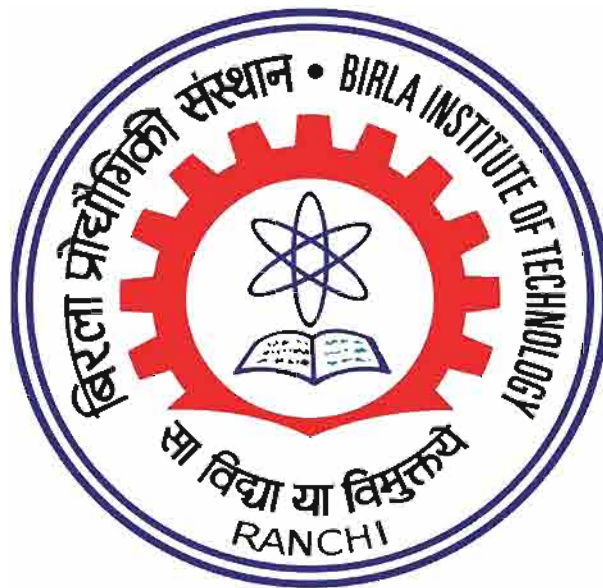
From :

Name :

Course :

Application No :

APPLICATION FORM



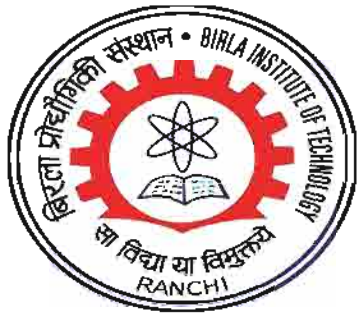
**BIRLA INSTITUTE OF TECHNOLOGY (RANCHI, INDIA)
INTERNATIONAL CENTER
RAS AL KHAIMAH, UNITED ARAB EMIRATES**

FACILITATED BY :



Sudhir Gopi Holdings Inc

ROYAL COLLEGE OF APPLIED SCIENCE & TECHNOLOGY FZC
POST BOX NO:10141 ,KNOWLEDGE CENTRE RAK FREE ZONE,
RAS AL KHAIMAH, UNITED ARAB EMIRATES
TELEPHONE:+971 7 227 2203 /+9717 227 4403; FAX:+971 7 227 2281
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BIRLA INSTITUTE OF TECHNOLOGY (RANCHI, INDIA)
INTERNATIONAL CENTER, RAS AL KHAIMAH, UNITED ARAB EMIRATES

APPLICATION FOR ADMISSION

ACADEMIC SESSION: 20..... TO 20.....



COURSE: BATCH:

INSTRUCTIONS:

- 1: Application is to be filled in ENGLISH and in BLOCK CAPITALS
- 2: Following enclosures are required to be attached with the filled up form.
 - A: 16 passport size photographs, including one to be pasted above. please write the student's full name on the reverse of the photograph.
 - B: 2 sets of passport copies.
 - C: Attested copies of the marks (if results declared) obtained in 10th and 12th or equivalent examination, Degree certificate, Transfer Certificate and Migration Certificate.
- 3: Completed application form along with the relevant documents and prescribed fees must reach the office on or before
- 4: Incomplete and/or False Applications are liable to be rejected.

PERSONAL DATA:

Full name (As in passport): Mr. / Ms.....

Date of birth:

Age as on date.....year.....Month

Gender: M F

Nationality.....

Father/Guardian's Name:

Mother's Name:

Passport No: Date of Expiry:

Address for Correspondence:

Telephone No Residence: Fax No:

Mobile No (Father): Mobile No (Mother): Mobile No (Student):

E - Mail (Parent): E - Mail Student:

Permanent Address:

Telephone No: Fax No: Mobile No:

Person to be contacted in case of Emergency: Mr/Mrs.:

Relationship to the student:

Telephone No: Fax No: Mobile No:

FINANCE PLAN OPTED

ANNUAL SEMESTER MONTHLY

EDUCATIONAL QUALIFICATIONS

Sr.NO:	SUBJECT	MAX. MARKS	MARKS OBTAINED	PERCENT %	YEAR OF PASSING	INSTITUTION \ BOARD UNIVERSITY	REMARKS
1 10 TH GRADE OR EQUIVALENT							
A							
B							
C							
D							
E							
F							
G							
H							
	AGGREGATE						
2 12 TH GRADE OR EQUIVALENT							
A							
B							
C							
D							
E							
F							
G							
H							
	AGGREGATE						
3 GRADUATION \ POST GRADUATION \ OTHER QUALIFICATIONS							
A							
B							
C							
D							
	AGGREGATE						
4 WORK EXPERIENCE (ONLY FOR EXECUTIVE MBA APPLICANTS)							

ADMISSION OFFICER

Name:

Signature:

ELIGIBILITY CHECK (BITIC , RAK-UAE)

Percentage:

Age:

Signature:
(Admission in Charge)

Signature:
(Director)

UNDERTAKING BY THE APPLICANT

I do hereby undertake to comply with the Institute's rules, standards and instructions for students behaviour as notified from time to time. I hereby waive and release all claims against the Institute and its representatives at a time when I am not under the direct supervision of the Institute or its representatives or arising out of my failure to remain under such supervision or to comply with such rules, standards and instructions and I agree to indemnify the institute and its representatives against any consequences thereof. I agree that the institute shall have the right to enforce appropriate standards of conduct and that it may at any time terminate my participation in the institute's programs for failure to maintain these standards or for any action or conduct which the institute considers to be incompatible with the interest, harmony, comfort and welfare of other students, faculty, staff and management.

Further, I undertake that offering of specialisation, elective courses, etc is prerogative of the college /institute.

Date :

Signature of the Applicant

UNDERTAKING BY THE PARENT / GUARDIAN

I _____ father/ guardian of _____ agree to the above undertaking of my ward and to pay to the Royal College of Applied Science & Technology the full educational costs (as prescribed from time to time and as per the financial plan opted by us) for the entire duration of his / her study in the Institute. Failure to do so and any other misconduct will entail forfeiture of the privilege regarding studies of my ward in the Institute.

Date :

Signature of the parent / Guardian

Name :

Address :

Phone No :Mob:E- mail:.....

Relationship

DISCLAIMER

I understand that this Institution has no connection with any private or public education establishment within UAE and will not directly issue any certificates, degrees or diplomas of its own. All registration, studies, examinations, evaluation, certifications etc. shall be directly conducted by the BIT Ranchi. The Ministry of Higher Education and Scientific Research takes no responsibility of the programs offered by this institution or for their equivalency. All the courses will start only if there are a requisite number of admissions.

Date :

Signature of the Applicant

FACILITATED BY:



Sudhir Gopi Holdings Inc.

FOR ACCOUNTS USE ONLY

- 1 : Initial Fees Paid:
- 2 : First Installment Paid:

Signature