

Application No: _____

Handbook No: _____



INSTITUTE OF CHEMICAL TECHNOLOGY

(University Under Section -3 of UGC Act 1956)

N. M. Parekh Marg, Matunga, Mumbai – 400 019 INDIA

Tel: 91-22-3361-1111/ 2222 Fax:91-22-3361-1020, Email: admission@ictmumbai.edu.in

Website: www.ictmumbai.edu.in

PLEASE READ CAREFULLY ALL INSTRUCTIONS GIVEN IN THE HANDBOOK BEFORE FILLING UP THIS FORM. ANY MISINTERPRETATION OF RECORDS OR OVER-WRITING ON OFFICIAL DOCUMENTS WILL LEAD REJECTION OF THE APPLICATION FORM.

For Eligibility Criteria: Please refer Handbook.

For Entrance Examination: For updates, visit www.ictmumbai.edu.in

APPLICATION FOR MASTERS DEGREE (Two Years Regular / Three Years Sponsored)

Please (✓) in appropriate box.

M. Sc.	M. Chem. Engg.	M. E.	M. Pharm.	M. Tech.	Branch:
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1. APPLICANT'S NAME (as appearing on supporting documents as School /Board/ Jr. College/etc.) (IN BLOCK LETTERS)

Surname/Family Name										First Name										Father's/Husband's Name									
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Mother's name									
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2. DATE OF BIRTH: Place of Birth: _____
(dd) (mm) (yyyy) State: _____

3. SEX: M F TG 4. MARITAL STATUS: Married Single

5. NATIONALITY: _____ DOMICILE STATE: _____

6. RELIGION: _____ 7. CATEGORY: General Reserved

a) CASTE CERTIFICATE ISSUED IN MAHARASHTRA (To be filled, if applicable): YES NO

SC ST VJDT-A NT-B NT-C NT-D OBC SBC

b) CASTE CERTIFICATE ISSUED BY CENTRAL GOVERNMENT (To be filled, if applicable): YES NO

OBC

(Please attach self attested copies of Caste Certificate, Validity Certificate and Non-creamy Layer Certificate issued by competent authorities)

8. ADDRESS FOR CORRESPONDENCE (IN BLOCK LETTERS) _____ _____ _____ State _____ Pincode _____	PERMANENT ADDRESS (IN BLOCK LETTERS) _____ _____ _____ State _____ Pincode _____
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9. PARENT'S / GUARDIAN'S NAME & RELATION:

10. CONTACT DETAILS:

	Applicant's Details	Parent's / Guardian's Details
Mobile		
Landline		
Email		

Affix your recent passport size photograph (not older than 6 months)

FOR OFFICE USE ONLY

(Applicant shall not write anything in this space)

Whether admitted

YES NO

Provisional

Confirmed

Any Fellowship available

YES NO

Name of fellowship

Receiving Date

Receiver's Signature

Signature of Head the Department

(P.T.O.)

Application No: _____

Handbook No: _____

INSTITUTE OF CHEMICAL TECHNOLOGY (University under Section 3 of UGC Act 1956), MATUNGA, MUMBAI 400 019.

Received an application for admission to _____ Degree course from Shri./Smt. _____

Date: _____

Receiver's Signature: _____

Family Data: (Excluding yourself)

No.	Name of Family Member	Date of Birth	Education	Current Occupation	Approx. Annual Income (₹)
1					
2					
3					
4					
5					
6					
7					
8					

11. GATE / GPAT QUALIFICATION:

Qualified GATE	YES / NO	Qualified GPAT	YES / NO
Qualifying year		Qualifying year	
Name & code of paper		Your Score	
Name and code of section		Qualifying score	
Your Score		GPAT Rank	
Qualifying score			

12. ACADEMIC RECORD:

Bachelor's Degree: B.Sc. B. Tech. B.E. if other, specify _____

Degree Pattern: 12 + 4 12 + 3 if other, specify _____

Name of the University: _____

Type of University: 1) Central 2) State 3) Deemed 4) UGC recognized 5) Foreign University

Bachelor's Degree	Final year		Third year		Second year		First year	
	Sem VII	Sem VIII	Sem V	Sem VI	Sem III	Sem IV	Sem I	Sem II
Month & Year of Passing								
Marks Scored/Total Marks								
% Marks or CGPA								

SCHOOLING:

Examination	Name of College/Institute, Place	Board/ University	Year of Passing	Marks Scored/ Total Marks	% Marks	Class
SSC/ Std. X or Equivalent						
HSSC/ Std. XII or Equivalent						

13. ACCOUNT FOR ACADEMIC BREAK (if any) _____**14. DECLARATION**

I have read the instructions given in the Handbook carefully before filling up this form. The information given above is true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect, my admission may be cancelled without any notice. If admitted, I shall abide by all the rules, regulations and discipline of the Institute. I shall not involve myself in any ragging or anti-social activities which will not only tarnish my own record but also the institute's image and if I come to know of any such incidence, I shall report it to the authorities. I will also submit the undertaking regarding the anti-ragging measures, once admitted.

I have also submitted following documents in my possession, wherever applicable and tick marked as follows.

Sr. No.	Certificate	Check (✓)		Sr. No.	Certificate	Check (✓)	
		Photocopies	Original			Photocopies	Original
1	S.S.C. Mark list			7	For Reserved Category Candidates Certificate issued by Maharashtra State		
2	Std XI Mark List				(a) Caste Certificate		
3	H.S.S.C. Mark List				(b) Caste Validity Certificate		
4	Bachelor Marksheets				(c) Non creamy Layer Certificate		
5	GATE/GPAT Score Card			8	Certificate issued by Central Government		
					a) OBC Certificate		
6	College Leaving Certificate			9	Income Certificate		
				10	Any other Documents		

Place: _____

Date: _____

Signature of Applicant

FOR OFFICE USE ONLY

Whether admitted: YES NO

Receiving Date:

 Provisional Confirmed

Signature of HOD:

Any Fellowship Available: YES NO

Remarks by Dean (AP): Admitted/Not Admitted

If yes, Name of the Fellowship: _____

Signature of the Dean with date