No. CITK/ Fee Structure/ 208/ 2019/ 282 **Date: 18/07/2019.**

NOTICE FOR RENEWAL ADMISSIONS (JULY TO DECEMBER - 2019)

All the continuing students of CIT Kokrajhar are hereby informed to pay their semester fee through **SBI Collect** (link available in the Institute's website or visit Online SBI website) for course registration for the odd semester (July – December 2019).

https://www.onlinesbi.com/sbicollect/icollecthome.htm *(link for payment)*

Date of Payment:-

- **23rd and 24th July 2019.**
- **25th and 26th July 2019** *(with late fine).*

Forms to be submitted by the candidates at the **admission cell** during the time of registration.

1. Enrolment-Cum-Course registration Card

2. Payment Receipt (For fee updating)

3. ID card (For Year Back students only)

S/d –

Member Secretary, Admission Cell
Central Institute of Technology
Kokrajhar

Copy for favour of information:-

1. The Director, Central Institute of Technology Kokrajhar.
2. The Registrar, Central Institute of Technology Kokrajhar.

केन्द्रीय प्रौद्योगिकी संस्थान कोकराझार
CENTRAL INSTITUTE OF TECHNOLOGY KOKRAJHAR
Deemed to be University, MHRD, Govt. of India

Kokrajhar, BTAD, Assam 783370

www.cit.ac.in

ENROLMENT-CUM-COURSE-REGISTRATION CARD
(FOR CONTINUING STUDENT)

COURSE DETAILS FOR RENEWAL REGISRTRATION

Module: DIPLOMA / DEGREE,   BRANCH: ----------------------------------- SEMESTER: --

NAME--ROLL NO: ---

Course Code						Name of the Course/Title	L	T	P	Credit

PERSONAL INFORMATION (Tick Wherever Necessary)

1. Name of the Student (BLOCK LETTER):

………

2. Father's Name: (BLOCK LETTER): ....

3. Gender: …………………………….(Male/Female) 4. Category: …………… (ST/SC/OBC/OPEN) 5. Religion…………………………

6. Year of Admission at CIT Kokrajhar: …………………………………………………………………………

7. Are you a Year Back Student?: (Yes/No)   if Yes mention the semester and Year: …………………………………………………..

8. Correspondence Address:

……

……

……………………………...

9. Were you a Hostel Boarder in the previous semester? (Yes/ No) if Yes, mention the name of the Hostel and Room No: ………………………

……..

10. State of Domicile: …………………………………………………………10. Nationality: ………………………………………………………

RECOMMENDATION OF THE LIBRARY

The above mentioned student has outstanding dues in the Library and may be allowed to re-admit in the next semester ------------------------

(Librarian)

RECOMMENDATION OF THE HEAD OF THE DEPARTMENT /EXAMINATION CELL

The above mentioned Student has satisfied the academic requirement for enrolled in the next semester ------------------------

(Examination Cell/Head of the Department)
 Branch:

APPLICATION FORM FOR IDENTITY CARD

Card No:

(To be filled in by office)

Please fill the form in BLOCK letters

1. Student's Name: …………………………………………………………………

……………………………………………………………………....................

Paste a recent good quality colour passport size photograph

2. Class: 1st /2nd /3rd /4th Year

DIPLOMA	B.TECH	B.DES	M.TECH	M. Des	Ph.D.

3. Session: …………………………………………………………………………

4. Roll No: …………………………………………………………….................

5. Branch: …………………………………………………………………………

6. Identification Mark ……………………………………………………………..

7. Blood Group: …………………………………………………………………

8. Date of Birth: (DD/MM/YY)……………………………………………………

9. Permanent Address:-

Father's Name: …………………………………………………………

Mother' Name: ………………………………………………………….

Vill/Town……………………………………….Ward No. …………….

PO: ……………………………. PS: …………………………..

Dist: …………………………… State: ………………………..

PIN: ……………………………. Mobile No. ……………………

House No. ………………………….. City/Town: ……………………..

Email Id: ……………………………………………………………………..

10. Declarations:

I, hereby declare that the information furnished in this **Identity Card** application form is true to the best of my knowledge and belief.

11. Signature: