CENTRAL INSTITUTE OF TECHNOLOGY KOKRAJHAR

(Deemed to be University under MoE, Govt. of India)

BODOLAND TERRITORIAL REGION :: KOKRAJHAR :: ASSAM :: 783370

Website: www.cit.ac.in

COUNSELLING FORM-2025

A. CITK Admission-2025 Application Details-

Name of the Program and Branch applied for- (Please Tick)

Program	PH.D									
Branch	CE	CSE	ECE	FET	IE	HSS	PHY	MATH	CHE	ME

Entrance Examination Details-

Form No						Entrance Roll No (check scorecard)							CITKEE/GATE/CEED Score	Overall Rank
Permanent Residence Region (BTR/NE/All-India)					Write here-						Reservation Category GEN/OBC-NCL/ SC/ ST /PWD/ EWS			Write here-

B. Personal Information-

Name of the candidate (BLOCK LETTERS)	
Date of Birth in DD/MM/YYYY format	
Name of the Parent/Guardian	

Address Details-

Vill/Town: .... P. O: ....

P.S : .... District .... State: ……………

Postal Code- .... Phone .... Email-Id ....

C. Academic Details-

Academic Details of Class X and Class XII

Name of Exam	Board/Council	Aggregate %	Year of Passing
Class X			
Class XII			

Details of marks obtained in B. Tech/B. Des

Name of the Institute	
Name of the University	
Final CGPA out of 10 or Equivalent percentage	
Year of Passing	

I hereby declare that the information given by me above are correct and true to the best of my knowledge.

Full signature of the candidate with date

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D. Details of Documents to be submitted by the candidate and verified by Officials of CITK-

Name of the Candidate (BLOCK LETTERS)	
APPLICATION FORM NO	ENTRANCE ROLL NO

Kindly attach the following Documents in the same order as given below-

Sl. No.	Name of Document	Checkbox	Remarks
1	CITKEE/GATE/CEED Scorecard		
2	Age proof certificate		
3	Class X Mark sheet		
4	Class XII Mark sheet		Signature of Verifying Officer
5	B. Tech/ B. Des Mark sheet		
6	B. Tech/ B. Des Pass Certificate		
7	PRC for BTR candidates (Domicile certificate for other Regions)		
8	Reservation Category Certificate if applicable		
9	Migration Certificate (not required for CIT students)		Signature of Verifying Officer
10	Character Certificate (original copy)		
11	Medical Fitness Certificate (from a Govt. health center) (original copy)		
12	Eye Fitness Certificate (from a Govt. health center) (original copy)		
13	Gap certificate (if applicable) (original copy)		
14	Anti-ragging affidavit (original copy)		Signature of Verifying Officer
15	Student Undertaking		

Branch Allotment Details-

Name of Program	PH.D									
Branch Admitted to	CE	CSE	FET	IE	PHY	MATH	CHE	HSS	ECE	ME
Academic Roll Number										
Signature of the Branch Allotment Officer										

Acceptance by the candidate-

I hereby accept the current Branch which has been allotted to me.

Full signature of the Candidate with date