



BITS | GLOBUS | BIT | BITM
ENGINEERING

BITS | GLOBUS
PHARMACY

Bangrasia Chouraha, Bhojpur Road, Bhopal - 462045 (M.P.)

ADMISSION FORM

To be filled by the College Authorities

Registration No.:
University Enrollment No. :
Institution Name/Choice filling :



BRANCH

Electronics & Communication Engg. Pharmacy (B. Pharm.)
Computers Science & Engg. Information Technology
Mechanical Engg. Electronics & Instrumentation Engg.
Electrical & Electronics Engg. Pharmacy (M. Pharm.)
Lateral Entry Scheme (Branch:) Others

I..... Son / Daughter of
Shri/Smt..... have been selected through counseling
for admission against..... seat. I may kindly be admitted to the Institute.

I have gone through the rules/regulation given in the information brochure published by
the Institute and shall abide by them. I am furnishing the following details for the office records
of the Institute.

- Name (Surname First) :
In Block/Capital Letter
- Gender : (M) (F) Date of Birth
- Category Gen OBC SC ST FF
- Fathers Name :
- Mother's Name :
- Guardian's Name :
- Occupation :
- Local Guardian's Name :
- with Address Pincode
- Telephone STD Code.....
- Permanent Address :
- Pincode.....
- Telephone STD Code.....

10. Postal Address :
Pincode

TelephoneSTD Code.....

11. E-mail :

12. Emergency Address :

TelephoneSTD Code.....

13. Qualification

Examination	Examination Authority	Domicile	Year of Passing	Division	%	Roll No.
High School						
12th Standard Intermediate HSSC (+2)						
B.Sc. / Diploma						
PCM / B Aggregate						

14. Fees paid at the time of Counseling Rs.Date :

Cheque/Draft No. Name of BankBranch.....

The information furnished above is correct to the best my knowledge and belief, I shall pay the fees regularly without default. **In case, I decide to withdraw the admission at any time, I understand that the fees paid is non-refundable / non-transferable and that no claim shall be made to the college authorities in this regards.**

Signature of Father / Guardian

Signature of the Student

FOR OFFICE USE

Mr/Kuhas been admitted
against seat. Total amount deposited against fees is
Rs..... against Receipt No. dated,

Principal / Registrar

Accounts Officer

Registration No.

College Roll No.

Branch allotted against seat Sr. No.Yr.....

Principal/Registrar

Accounts Officer