

# DEFENCE INSTITUTE OF ADVANCED TECHNOLOGY

(Deemed to be University under section 3 of UGC Act 1956)

Girinagar, Pune - 411025



## APPLICATION FORM FOR ADMISSION TO MASTER OF SCIENCE IN FOOD TECHNOLOGY PROGRAMME JULY: 2021

<p>1. Name : _____</p> <p>Date of Birth (DD/MM/YY) : _____ Age : _____</p> <p>Address for Communication: _____ Permanent Address: _____</p> <p>Pin code : _____ Pin code : _____</p> <p>Phone No : _____ Phone No : _____</p> <p>E-Mail : _____ Fax No : _____</p>	Photo																																										
2. Type of Registration : Industry Sponsored <input type="checkbox"/> DRDO <input type="checkbox"/> Service <input type="checkbox"/>																																											
3. Details of University / Institution Studied (SSC, HSC and above)																																											
	<table border="1"><thead><tr><th></th><th>Degree</th><th>Discipline</th><th>University/ College</th><th>Year</th><th>Average Marks/CGPA</th><th>Class</th></tr></thead><tbody><tr><td>(a)</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>(b)</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>(c)</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>(d)</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>(e)</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>		Degree	Discipline	University/ College	Year	Average Marks/CGPA	Class	(a)	_____	_____	_____	_____	_____	_____	(b)	_____	_____	_____	_____	_____	_____	(c)	_____	_____	_____	_____	_____	_____	(d)	_____	_____	_____	_____	_____	_____	(e)	_____	_____	_____	_____	_____	_____
	Degree	Discipline	University/ College	Year	Average Marks/CGPA	Class																																					
(a)	_____	_____	_____	_____	_____	_____																																					
(b)	_____	_____	_____	_____	_____	_____																																					
(c)	_____	_____	_____	_____	_____	_____																																					
(d)	_____	_____	_____	_____	_____	_____																																					
(e)	_____	_____	_____	_____	_____	_____																																					
4. Additional Qualifying Examination (if any):																																											
A. GATE/NET Score: _____ Valid up to: _____																																											
B. _____																																											
C. _____																																											

**5. Professional Experience (Technology/ Research/ Industrial) if any :**

Name of Organisation	Designation	Period		Nature of Work
		From	To	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**6. Personal Information :**

- |  |         |  |                |
|--|---------|--|----------------|
| (a) Father's /<br>Husband's Name       | : _____ | (g) Martial Status   | : _____        |
| (b) Father's / Husband's<br>Occupation | : _____ | (h) Gender   | : Male/ Female |
| (c) Mother's Name                      | : _____ | (i) Whether OBC/ SC/ST :                                     |                |
| (d) Place of Birth                     | : _____ | (j) (If yes, enclose attested copy of certificate<br>Issued) |                |
| (e) Mother Tongue                      | : _____ | (k) Whether Physically challenged : <b>Yes / No</b>          |                |
| (f) Nationality                        | : _____ | (l) (If yes, furnish the certificate to this effect)         |                |
|  |         | (k) E-mail ID  |                |
|  |         | (l) Mobile No.   |                |

**7. DECLARATION**

I hereby declare that I have carefully read the instruction and particulars supplied to me and that the entries made in the application form are correct to the best of my knowledge and belief. I understand that association (active or passive) with any unlawful organization is forbidden. If selected for admission, I promise to abide by the rules and discipline of the Institute.

I note that the decision of the Institute is final in regard to selection and assignment to a particular department and field of study. The Institute shall have the right to expel me from the Institute at any time after my admission, provided it is satisfied that I was admitted on false particulars furnished by me or my antecedents prove that my continuance in the Institute is not desirable. I agree that I shall abide by the decision of the Institute, which shall be final.

Place : \_\_\_\_\_

Date : \_\_\_\_\_

Signature of Applicant

**8. List of enclosure:**

(a)	(f)
(b)	(g)
(c)	(h)
(d)	(i)
(e)	(j)

9. Recommendation of Competent authority of Sponsoring Organization:

Signature of Authorized Signatory

Name: \_\_\_\_\_

Official Seal: \_\_\_\_\_

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