

**DEFENCE INSTITUTE OF ADVANCED TECHNOLOGY**  
(Deemed to be University)



**APPLICATION FORM FOR ADMISSION TO  
MS (BY RESEARCH) PROGRAMME JULY-2022**

Department. : \_\_\_\_\_

<p><b>1. Name</b> : _____</p> <p><b>Date of Birth (DD/MM/YY)</b> : _____ <b>Age</b> : _____</p> <p><b>Address for Communication:</b> _____ <b>Permanent Address:</b> _____</p> <p>_____</p> <p>_____</p> <p><b>Pincode</b> : _____ <b>Pin code</b> : _____</p> <p><b>Phone No</b> : _____ <b>Phone No</b> : _____</p> <p><b>E-Mail</b> : _____ <b>Fax No</b> : _____</p>	Photo																																										
<p><b>2. Type of Registration :</b> DRDO Sponsored <input type="checkbox"/></p>																																											
<p><b>3. Details of University / Institution Studied (SSC, HSC and above)</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 5%;"></th><th style="width: 15%;">Degree</th><th style="width: 15%;">Discipline</th><th style="width: 30%;">University/ College</th><th style="width: 10%;">Year</th><th style="width: 15%;">Average Marks/CGPA</th><th style="width: 10%;">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)	_____	_____	_____	_____	_____	_____																																					
<p><b>4. Additional Qualifying Examination</b></p> <p style="text-align: right;">GATE Score : _____</p> <p style="text-align: right;">Valid up to : _____</p>																																											

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

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

**6. Personal Information :**

- (a) Father's / Husband's Name : \_\_\_\_\_ (g) Martial Status : \_\_\_\_\_
- (b) Father's / Husband's Occupation : \_\_\_\_\_ (h) Gender : Male/ Female
- (c) Mother's Name : \_\_\_\_\_ (i) Whether OBC/ SC/ST : **Yes / No**  
(If yes, enclose attested copy of certificate Issued)
- (d) Place of Birth : \_\_\_\_\_ (j) Whether Physically challenged : **Yes / No**  
(If yes, furnish the certificate to this effect)
- (e) Mother Tongue : \_\_\_\_\_
- (f) Nationality : \_\_\_\_\_

**7. Proposal title of research work**

(Please attach a small write up next exceeding one page)

**8. 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

**9. List of enclosure**

(a)  
(b)  
(c)  
(d)  
(e)

(f)  
(g)  
(h)  
(i)  
(j)

10. Recommendation of the Proposed Supervisor:

Signature of Supervisor

Name and Designation

11. Recommendation of the Head of the Lab:

Signature of Head of the Lab

12. Recommendation of HQ

Signature of Competent Authority