



KIIT

KALINGA INSTITUTE OF INFORMATION AND TECHNOLOGY

AN ISO 9001:2015 CERTIFIED

REGISTRATION UNDER ITA ACT 1882 GOVT. OF INDIA & IGR ACT 1932 GOVT. OF ODISHA

Since 2019

APPLICATION FORM

CENTER NAME -

PERSONAL DETAILS

Title : Mr Mrs Miss Other

FULL NAME :

FATHER'S NAME :

MOTHER'S NAME:

Date of Birth

Gender
Male
Female
Others

ATTACH PHOTO

CONTACT DETAILS

E-mail Id Guardians Number Student Number

PRESENT ADDRESS

PERMANENT ADDRESS

SELECTED COURSE

| | | | |
|------------------------------------|---------------------------------------|------------------------------------|--|
| <input type="checkbox"/> DCA | <input type="checkbox"/> DTP | <input type="checkbox"/> PHOTOSHOP | <input type="checkbox"/> JAVA |
| <input type="checkbox"/> MS OFFICE | <input type="checkbox"/> AKRUTI | <input type="checkbox"/> C & C++ | <input type="checkbox"/> .NET |
| <input type="checkbox"/> PGDCA | <input type="checkbox"/> QUICK TYPING | <input type="checkbox"/> TALLY | <input type="checkbox"/> Others <input type="text"/> |

DOCUMENTS NEEDED FOR ADDMISSION

1. Passport Size Photo 2
2. Compulsory Id Proof Any (Photo Copy)
3. Certificate Photo Copy

DECLARATION

I hereby declare that the information provided by me is subjected to verification by KIIT. I hereby acknowledge that i have read the prospectus and understood the rules and regulation, fee structure & syllabus specified by KIIT and agree to abide by the same time to time with modification if any.

Place:

Signature:

Date:

Name:

REGD OFFICE: SECOND DAILY MARKET, BYE PASS ROAD, JEYPORE
KORAPUT,ODISHA, PIN - 764001

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