



BIRLA TECHNICAL TRAINING INSTITUTE, PILANI

Affiliated to BTER, Jodhpur and Recognized by AICTE, New Delhi

www.bttipilani.ac.in

9414062540

ADMISSION / REGISTRATION FORM FOR POLYTECHNIC ENGINEERING (DIPLOMA)

SESSION:2024-25

INSTRUCTIONS:

- ALL THE ENTRIES TO BE MADE IN BY THE CANDIDATE IN BLOCK LETTERS.
- ATTESTED COPIES OF MARK SHEETS, DATE OF BIRTH, CASTE CERTIFICATE & INCOME CERTIFICATE MUST BE ATTACHED WITH THIS APPLICATION FORMS
- TICK "☐" THE RELEVANT BOXES WHEREVER APPLICABLE

Paste Your Recent
Passport Size
Photograph

- 1. NAME OF THE CANDIDATE (IN BLOCK LETTERS) AS GIVEN IN XTH MARK-SHEET IN ENGLISH**

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IN HINDI _____

- 2. FATHER'S NAME (IN BLOCK LETTERS) AS GIVEN IN XTH MARK-SHEET**

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- 3. MOTHER'S NAME (IN BLOCK LETTERS)**

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- 4. ADDRESS (DO NOT REPEAT NAME AGAIN)**

DISTT _____ STATE _____ PIN _____

PARENT'S MOBILE NO _____ STUDENT'S MOBILE NO _____ SSOID _____

E-MAIL _____ AADHAAR CARD NO _____

- 5. SEX**

<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
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- 6. DATE OF BIRTH**

<input type="text"/>	<input type="text"/>	<input type="text"/>
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- 7. CATEGORY OF RESERVATION**

1	GENERAL	<input type="checkbox"/>
2	WIDOW/DIVORCED	<input type="checkbox"/>
3	SC	<input type="checkbox"/>
4	ST	<input type="checkbox"/>
5	NON CREAMY LAYER OBC	<input type="checkbox"/>
6	NON CREAMY LAYER SBC	<input type="checkbox"/>

- 8. RELIGION**

1	HINDU	<input type="checkbox"/>
2	MUSLIM	<input type="checkbox"/>
3	SIKH	<input type="checkbox"/>
4	CHRISTIAN	<input type="checkbox"/>
5	OTHERS	<input type="checkbox"/>

- 9. PREFERENTIAL CATEGORY:**

1A	<input type="checkbox"/>	1B	<input type="checkbox"/>	1C	<input type="checkbox"/>	1C	<input type="checkbox"/>	1C	<input type="checkbox"/>
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PASSED SECONDARY / SR.
SECONDARY EXAM AS A REGULAR
STUDENT FROM A SCHOOL SITUATED
IN RAJASTHAN

BONAFIDE RESIDENT OF RAJASTHAN

SON/DAUGHTER/WIFE OF EMPLOYEE
OF RAJ. GOVT.

SON/DAUGHTER/WIFE OF PERSON
WORKING IN OFFICE OF BAORD/
CORPORATION/UNIV. OF RAJ./OF
GOVT. OF INDIA OR ITS ORGANISATIONS
SITUATED IN RAJASTHAN

NONE OF THESE

- 10. ACADEMIC RECORD**

(A) SECONDARY (10TH)/EQUIVALENT EXAMINATION DETAILS

EXAM DETAIL	RBSE/CBSE/OTHER	STATE OF STUDY	YEAR	ROLL NO.	MATHS		SCIENCE		AGGREGATE	
					MAX. MARKS	MARKS OBT.	MAX. MARKS	MARKS OBT.	MAX. MARKS	MARKS OBT.
SECONDARY(10 TH)										

(B) SENIOR SECONDARY (12TH) SCIENCE PCM/VOCATIONAL/TECHNICAL DETAILS

EXAM DETAIL	PCM/VOCATIONAL/TECHNICAL/	RBSE/CBSE/OTHER	STATE OF STUDY	YEAR	ROLL NO.	AGGREGATE	
						MAX. MARKS	MARKS OBT.
12 TH							

(C) 2 YEARS ITI

EXAM DETAIL	NCVT / SCVT / EQUIVALENT OTHER	STATE OF STUDY	YEAR	NAME OF TRADE	ROLL NO.	AGGREGATE	
						MAX. MARKS	MARKS OBT.
I.T.I. (2YEARS)							

11. HAVE YOU BEEN PREVIOUSLY ENROLLED WITH BOARD OF TECHNICAL EDUCATION, RAJASTHAN

IF YES, ENROLLMENT NO. / SPN _____ BRANCH _____

YEAR _____ POLYTECHNIC _____

IT IS CERTIFIED THAT

1. ALL THE ENTRIES IN THIS FORM HAVE BEEN MADE BY ME AND ARE ALL CORRECT. I SHALL BE RESPONSIBLE FOR ANY INCORRECT INFORMATION PROVIDED BY ME.
2. I HAVE READ ALL THE INFORMATION AND RULES GIVEN IN THE PROSPECTUS. I SHALL ABIDE BY ALL THE RULES AND REGULATION OF THE POLYTECHNIC, HOSTEL AND BOARD OF TECHNICAL EDUCATION, RAJASTHAN.

SIGNATURE OF CANDIDATE

DECLARATION BY FATHER / GUARDIAN

I _____ (FATHER'S / GUARDIAN'S NAME) OF CANDIDATE SH./ MS. _____ TAKE ALL THE RESPONSIBILITIES FOR HIS/HER CONDUCT & MAINTENANCE OF DISCIPLINE OF MY SON/DAUGHTER/WIFE/WARD DURING THE DURATION OF HIS/HER STUDIES IN THE BTI. THE INFORMATION GIVEN BY HIM / HER IN THE FORM ARE CORRECT.

SIGNATURE OF FATHER / GUARDIAN

BRANCH PREFERENCE

COMPUTER SCIENCE
ENGINEERING

ELECTRICAL
ENGINEERING

ELECTRONICS
ENGINEERING

MECHANICAL
ENGINEERING

* FILL THE PREFERENCE ORDER FOR BRANCHES OFFERED (FILL NUMBERS FROM 1 TO 4 IN BOXES ABOVE AS PER YOUR BRANCH CHOICE)

ADMITTED IN BRANCH _____

ADMISSION IN CHARGE

PRINCIPAL

ORIGINALS DOCUMENTS SUBMITTED BY CANDIDATE AT THE TIME OF ADMISSION (ALONG WITH ONE SET OF PHOTOCOPY)

DOCUMENTS	YES/NO	DOCUMENTS	YES/NO
10 TH MARKSHEET		MEDICAL CERTIFICATE	
12 TH MARKSHEET		AFFIDAVIT	
MIGRATION CERTIFICATE		GAP CERTIFICATE (IF ANY)	
AADHAAR CARD		OTHERS:-	

FEES DEPOSITED AMOUNT RS. _____

RECEIPT NO. _____

DATE _____

CASHIER

OFFICE SUPDT.