

11. ACADEMIC RECORD

| YEAR | NAME OF SCHOOL/COLLEGE | PLACE | BOARD/UNIVERSITY |
|-----------|------------------------|-------|------------------|
| 2023-2024 | | | |
| 2022-2023 | | | |
| 2021-2022 | | | |

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

| | |
|-----|----|
| YES | NO |
|-----|----|

IF YES, ENROLLMENT NO. /SPN _____ BRANCH _____

YEAR _____ POLYTECHNIC _____

IT IS CERTIFIED THAT

- 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.
- 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 BTTI. THE INFORMATION GIVEN BY HIM/HER IN THE FORM ARE CORRECT.

SIGNATURE OF FATHER/GUARDIAN

BRANCH PREFERENCE

| | | | |
|---|---|---|---|
| <input style="width: 80px; height: 30px;" type="text"/> | <input style="width: 80px; height: 30px;" type="text"/> | <input style="width: 80px; height: 30px;" type="text"/> | <input style="width: 80px; height: 30px;" type="text"/> |
| 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 PHOTOCOPIES)

| 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.