



BIT INSTITUTE™

ISO 9001 : 2008 CERTIFIED

Course Code	BHP/0
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Latest Attested Photo

Bit Institute Center (specify choice of Center)	Regn. No.
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Name in capitals

Age Sex Date of Birth

Permanent Address

Phone Mobile

Name of Parent / Guardian

Relation with the student

Contact No.

ID Number

Educational Qualification

Name of Examination	Subjects	Board/University	Year of Passing	%age of Marks
SSC				
HSC /+2				
Degree				
PG				
Other (Specify Qualification)				

Declaration
I hereby declare that the information provided by me is true and subject to verification by BIT. I also hereby acknowledge that I have read and understood the rules and regulations, fee structure and Syllabus decided by BIT and agree to abide by the same.

Place : _____ Signature : _____

Date : _____ Name : _____



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Center Name with District :

Name of the Student :

Name of the Parent/Guardian :

Demand Draft No. with Bank Name :

Date of Admission :

Acknowledgment Card

Student Signature _____ BIT Co-Ordinator's Signature _____ Center Head's Signature with Office Seal _____

Note : If ID Cards are not Issued within 30 days of the student's admission it has to be informed to the concerned BIT office