

Application No.
(for office use only)



**KAZIRANGA
UNIVERSITY**
KNOWLEDGE & BEYOND

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Application Form

Program Preference (All fields are mandatory)

School of Engineering & Technology

☐ B.Tech* ☐ B.Tech Lateral

**Please indicate order of preference for the branch by writing 1,2,3,4,5 beside the branch*

☐ Civil Engineering
☐ Mechanical Engineering
☐ Electrical Engineering
☐ Computer Science & Engineering
☐ Electronics & Communication Engg.

☐ M.Tech (Civil Engineering)
☐ M.Tech (Mechanical Engineering)
☐ M.Tech (CSE - ML & AI)
☐ M.Tech (CSE - Cyber Security)

School of Social Sciences

☐ BSW ☐ BA (Soc) ☐ MSW

School of Business

☐ MBA (with Dual Specialisation in Marketing, Finance, Operations, HR & IR, Hospital Administration)

☐ BBA ☐ B.Com

School of Basic Sciences

☐ B.Sc (Chemistry)
☐ M.Sc (Physics)
☐ M.Sc (Chemistry)
☐ M.Sc (Maths)
☐ M.Sc (Biotechnology)

School of Computing Sciences

☐ BCA ☐ MCA

School of Health Sciences

☐ Regular ☐ Lateral*
☐ D.Pharm ☐ *B.Pharm

☐ *B.Sc (Advanced Imaging Tech.)

☐ *B.Sc (Medical Laboratory Tech.)

☐ B.Sc (Operation Theatre Tech.)

☐ *B.Sc (Dialysis)

☐ B.Sc (Trauma, Emergency & Disaster Management)

☐ *Bachelor of Physiotherapy

☐ *Bachelor of Optometry

☐ M.Sc (Microbiology)

☐ Master of Optometry

☐ Master of Physiotherapy (Neurology/Orthopedics)

☐ M.Sc (Medical Laboratory Tech.) (Medical Microbiology)

*Lateral Programmes

Personal Details (All fields are mandatory)

Name: Category: ☐ Gen ☐ SC ☐ ST ☐ OBC/MOBC ☐ Def ☐ PwD

Date of Birth: Religion: Marital Status: ☐ Single ☐ Married

Nationality: Gender: ☐ Male ☐ Female

Student's E-mail: Students Phone No:

Father's Name: Father's Phone No.:

Mother's Name: Mother's Phone No.:

Guardian's Name: Guardian's Phone No.:

Guardian's E-mail: Parent's E-mail:

Correspondence Address (All fields are mandatory)

Address:
.....
Village/Town/City:
District: State:
Pin: Country:

Permanent Address (All fields are mandatory)

Address:
.....
Village/Town/City:
District: State:
Pin: Country:

Educational Qualification Details (All fields are mandatory)

Qualification	School/College/Institution	Main Subjects/Degree (Major/Branch)	Year of Passing	Board/University	Grade/Percentage/CGPA
Class X					
Class XII					
Diploma/ Graduation					
Postgraduation					

Entrance Test Details (if appeared)

Name of the Test	Month & Year of Passing	Percentile/Score	Rank

Achievements/Co-curricular activities (if any):
.....

What brought you to The Assam Kaziranga University?

☐ Hoardings ☐ TV Ads ☐ Newspaper/Magazine ☐ Social Media ☐ Website ☐ Consultant (Name):
☐ Recommendation by Friends (Name): ☐ Others (Please Specify):

Facilities Required

☐ Hostel ☐ Transportation

Declaration

I declare that I shall abide by the rules and regulations of The Assam Kaziranga University which will be in force from time to time. I submit myself to the disciplinary jurisdiction of the Vice Chancellor and the several bodies in The Assam Kaziranga University who may be vested with the authority to exercise discipline under the Act, the Statuts, the Ordinance and the rules that have been framed thereunder by the University.

I, hereby, declare that I have carefully read and understood the instructions and particulars supplied to me and that all the statements made in this application are true and complete to the best of my knowledge and belief. I understand that the competent authority can take appropriate action against me in case any of the information is found to be incorrect at any stage.

Date:

Signature of Parent/Guardian

Signature of the Applicant