MITS GROUP OF INSTITUTIONS
MITS ENTRANCE TEST – 2020

Please fill the data in blue or black pen in capital letters.

Name of the Student

Father's / Guardian's Name

Category (SC / ST / OBC / Gen)

Date of Birth (DD / MM / YYYY)

Gender (Male / Female)

Aadhar Card Number

Examination Centre

COURSE INTERESTED FOR :

B.Sc Agriculture (4 Years)

B.Sc Biotechnology (3 Years)

B.Sc Food Tech (3 Years)

BCA (3 Years)

Postal Address

Mobile Number (Student)   (Parents Number)

Whatsapp Number (Student's/Parent's)

Student's/Parent's Email ID

Qualification	Year	Board	Marks(%)	Name of School / College
10th				
+2				

DECLARATION :

I do hereby declare that all information written by me in this application are true to the best of my knowledge and belief.

Date_____

Full Signature of the Candidate