



BITS, Pilani – Dubai

APPLICATION FORM FOR ADMISSION 2009 - 2010

PART - B

1. Name of the Applicant

2. Father's Name Occupation

Father's e -mail Father's Mob No

3. Mother's Name Occupation

Mother's e -mail Mother's Mob No

4. Annual Income of the Family

5. a) Is any of your Parent a resident of UAE / GCC Country? Yes No

b) If Yes, please give the following details:
Full Postal Address & Employment details

Phone: Mobile: Fax:

6. Emergency Contact Phone Number: E-mail:

7. Whether Student Visa Required Yes No

8. Whether Hostel Accommodation Required Yes No

9. Whether Transportation Required Yes No

10. If any member of your family is currently studying at BITS, Pilani – Dubai, give details:

Name of the Student	Relation	Programme of Study

Declaration: I have gone through the Admission Bulletin & I shall abide by all the conditions laid therein. I further hereby declare that all the information given and statements made in this application and also its accompanying attachments and enclosures are true to the best of my knowledge. I agree to the condition that if any information or statement is found to be incorrect, my admission will automatically be cancelled.

Date: Applicant's Sign: Parent / Guardian's Sign:

FOR OFFICE USE

Application Fee Paid Yes No Rt. No. Dt.

Application Number Allotted:

Admission to B.E. (Hons.)

Programme Fee Paid Yes No Rt. No. Dt.

Date: Dean's Sign: Director's Sign: