



Admission Form

Course
Form No.

An ISO 9001:2008 Certified Institution

RAO INSTITUTE OF INFORMATION TECHNOLOGY

Rao Place Karan Chauraha Sarai Akil Kaushambi

Center Code

Personal Details

Name Mr. /Ms.....	Paste you're recent Color photograph Here
Mother's Name Mrs.....	
Father's Name Mr.....	
Gender Date of Birth/...../.....	
Category..... Occupation:-.....	
Village/Town.....	
District State Pin	
MobileEmail	
Exam MonthYear..... Center1Center2.....	

Academic Record

Examination	Board/University	School/Collage Name	Marks (%)Grade	Year of Passing
X Class				
XII Class				
Bachelor's Degree				
Others				

I hereby declare that the information provided by me is true and subject to verification by RIIT.

Date/...../.....

LTI →

Place

Signature (in the box)

Office Use Only

Center Code:-.....	Reg.No:-.....	Date of Enroll:-...../...../.....
Course Code:-.....	Course Duration:-.....	Course fee:-.....
Accepted by:-.....	Roll no:-.....	Batch Code:-