



भारतीय प्रौद्योगिकी संस्थान रोपड़
INDIAN INSTITUTE OF TECHNOLOGY ROPAR
RUPNAGAR, PUNJAB-140001

दूरभाष /Tele: 01881-231176, 231169, 231115,231167

APPLICATION FORM FOR ADMISSION TO MS DATA SCIENCE YEAR 2025-26



1. Full Name:_(In Capital Letters) _____ Hindi: _____

2. Father's Name: _____ Hindi: _____

3. Date of Birth : Month _____ Day _____ Year _____

4. Aadhar Card No: _____

5. Category : GEN OBC SC ST *EwS

Whether belongs to PWD category (Yes/No)

6. Marital Status: Married/ Unmarried _____

7. Nationality : _____

8. Gender : Male/Female : _____

9. Address for communication : _____

_____ City: _____ State: _____

_____ Pin Code

10. Permanent Address : _____

_____ City: _____ State: _____

_____ Pin Code

11. Mobile No. _____ Alternate Mobile No. _____

12. Email _____

All notification will be sent on this email ID.

13. Details of School/University/Institute Studied (From High School Onward)

Examination	Name of the Course	University/Institute	Year of Passing	Percentage of Marks / CGPA	Remarks (If any)
10th					
12th					
BS*		IIT MADRAS			

* Aggregate percentage of marks/CGPA to be filled.

14. Documents to be attached

(Self attested copies of the following is to be attached)

- i) 10th certificate/Mark Sheet
- ii) 12th certificate/Mark Sheet
- iii) Semester-wise marks sheet/grade cards & degree for BS degree.
- iv) Category Certificate (OBC/SC/ST/EWS) PwD Certificate
- v) Medical Certificate (Format attached in mail- to be produced in same format)

Declaration

I hereby declare that I have read the instructions carefully the Information provided in this application form is correct to the best of my knowledge and belief. If selected for admission, I promise to abide by the rules and discipline of the Institute. I note that the decision of the Institute with regard to selection for admission and assignment to a particular Department and field of study shall be final. The Institute shall have the right to expel me from the Institute at any time after my admission, if is satisfied that I was admitted on false particulars furnished by me or my antecedents prove that my continuance in theInstitute is not desirable. I agree that I shall abide by the decision of the Institute which shall be final.

Signatures : _____

Name : _____

Date : Month_____Day_____Year_____