DPU

Dr. D. Y. PATIL VIDYAPEETH, PUNE

(Deemed University)
(Re-accredited by NAAC with a CGPA of 3.62 on a four point scale at 'A' Grade)
(An ISO 9001 : 2008 Certified University)

PIMPRI, PUNE 411 018

FORM NO.

APPLICATION FORM FOR ALL INDIA BIOTECHNOLOGY COMMON ENTRANCE TEST - 2017 (AIBTCET-2017) FOR ADMISSION TO B.TECH. BIOTECHNOLOGY / B.TECH. MEDICAL BIOTECHNOLOGY/ M.TECH. (INTEGRATED) BIOTECHNOLOGY COURSE - 2017

MACHINE READABLE FORM

- To be filled in **'BLOCK - CAPITAL'** handwriting only. Darken appropriate circles. **(use black ballpoin pen.)**
- Please read the instructions given in the brochure before filling in the form.
- If **not filled as prescribed, the form will not be accepted.**
- **Do not fill this form if you have passed qualifying examination from outside india** or **if you do not fulfill the eligibility criteria.**

1. CANDIDATE'S NAME (AS GIVEN IN CLASS 10th / 12th CERTIFICATE**)**

2. SEX

MALE ◯ FEMALE ◯

3. DATE OF BIRTH SEE INST. NO. 3.2 (vi)

D D M M Y Y Y Y

4. CANDIDATE'S PHOTO

DO NOT STAPLE OR PIN THE PHOTOGRAPH; PASTE IT.

5. ADDRESS FOR COMMUNICATION (SEE INST NO. 3.2 xi)

PIN

6. PREFERENCE OF COURSE
(1, 2 or 3) Ints. No. 3.2 (xiv)

B.Tech. Biotechnology ☐

B.Tech. Medical Biotechnology ☐

M.Tech. (Integrated) Biotechnology ☐

CANDIDATE'S SIGNATURE

7. E-MAIL (IF ANY)

8. STATE

9. CHOICE OF CENTRE / CITY CODE SEE INST NO. 3.2 (viii)

Ahmedabad 11 ◯ | Chandigarh 12 ◯ | Mumbai 13 ◯ | New Delhi 14 ◯ | Pune 15 ◯ | Nagpur 16 ◯ | Kolkata 17 ◯

10. SUBJECTS OFFERED IN 12TH / HSC SEE INST. NO. 3.2 (xii)

ENGLISH ◯ | PHYSICS ◯ | CHEMISTRY ◯

BIOLOGY ◯ | LIFE SCIENCES/BIOLOGICAL SCIENCES ◯ | OR (BOTANY & ZOOLOGY) ◯

11. TELEPHONES
(NOTE: FOR COMMUNICATION PURPOSE, IT IS ABSOLUTELY NECESSARY TO GIVE TELEPHONE & / OR MOBILE NO.)

STD CODE | TELEPHONE | MOBILE

12. YEAR OF PASSING SEE INST. NO. 3.2 (xiii) SSC/10TH STD HSC/12TH STD APPEARING ◯

13. DETAILS OF DEMAND DRAFT

D.D. NO. | AMOUNT IN RS. | DATE OF ISSUE (D D M M Y Y Y Y)

14. NAME OF THE BANK

15. NAME OF THE SCHOOL / COLLEGE FROM WHICH THE CANDIDATE HAS PASSED / APPEARED FOR HSC / 12TH STD. EXAM ALONG WITH ITS FULL ADDRESS (PLACE, DISTRICT, STATE)

DISTRICT

STATE

16. NAME & ADDRESS OF PARENT / GUARDIAN

ADDRESS

17. DECLARATION - I

A) I HEREBY DECLARE THAT THE ABOVE INFORMATION IS TRUE & COMPLETE TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT IF ANY INFORMATION HEREIN IS FOUND TO BE INCORRECT OR INCOMPLETE, MY APPLICATION FORM WILL BE REJECTED / ADMISSION WILL BE CANCELLED.

B) IF ADMITTED TO Dr. D. Y. PATIL BIOTECHNOLOGY & BIOINFORMATICS INSTITUTE, TATHAWADE, PUNE OF Dr. D. Y. PATIL VIDYAPEETH, PUNE, I SHALL ABIDE BY ITS RULES & REGULATIONS.

C) I HAVE READ AND UNDERSTOOD ALL THE PROVISIONS CONTAINED IN THE BROCHURE AND HEREBY AGREE TO ABIDE BY THESE PROVISIONS.

SIGNATURE OF THE CANDIDATE

18. DECLARATION - II

A) I, THE PARENT / GUARDIAN OF THE APPLICANT HEREBY DECLARE THAT I AM AWARE OF THE FINANCIAL OBLIGATIONS OF ADMITTING MY CHILD / WARD TO Dr. D. Y. PATIL BIOTECHNOLOGY & BIOINFORMATICS INSTITUTE, TATHAWADE, PUNE
I AGREE TO PAY THE TUITION AND OTHER FEES PAYABLE TO THE INSTITUTION AS FIXED FROM TIME TO TIME AS PER THE RULES OF Dr. D. Y. PATIL VIDYAPEETH, PUNE. I ALSO AFFIRM AND ENDORSE THE DECLARATION MADE ABOVE BY MY CHILD / WARD.

PLACE

DATE

SIGNATURE OF PARENT / GUARDIAN

NAME OF PARENT / GUARDIAN

FOR OFFICE USE ONLY

ENTRANCE TEST FEE RS.

RECEIVED IN CASH/DD RECEIPT NO.