

## REGISTRATION FORM

**M. Sc. BIOTECHNOLOGY ENTRANCE EXAMINATION - BTEE-2015**

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**NO.:**

1. DD Number, Date & Bank drawn on : \_\_\_\_\_
2. Name of the applicant (in CAPITAL letters) : \_\_\_\_\_
3. Name of Father/Guardian : \_\_\_\_\_
4. Whether belonging to SC/ST/NT/OBC/SBC : \_\_\_\_\_
5. Date of Birth : \_\_\_\_\_
6. Nationality : \_\_\_\_\_
7. Aadhar Card No. : \_\_\_\_\_
8. Address for Correspondence with : \_\_\_\_\_  
phone Nos : \_\_\_\_\_
9. Academic record (Bachelor's level Science degree)

Examination	University	Year of Passing	Total Marks obtained in Languages	Total Marks obtained in Optional Subjects
Graduate Degree				

10. Academic Record (S.S.C. & H.S.C.)

Examination	Name of the Board	Subject	Year of passing	Total Marks Obtained
S.S.C.				
H.S.C.				

11. Declaration : I declare that the information furnished above is true and correct to the best of my knowledge and belief, and that no related information is concealed. If any discrepancy is observed at any stage, institute will be free to cancel my selection.

Date :

Place :

Signature of candidate

*\*Demand Draft of Rs. 250/- for open category Rs. 125/- For SC&ST category in favour of : Director Govt. Institute of Science, Aurangabad.*

**NO.:**

**GOVERNMENT INSTITUTE OF SCIENCE,**

NIPATNIRANJAN NAGAR, CAVES ROAD, AURANGABAD

**ADMIT CARD FOR M.Sc. (BIOTECH.) ENTRANCE EXAMINATION 2015**

The Institute of Science, Aurangabad grants permission to

Mr./Ms..... to appear for ENTRANCE EXAMINATION for admission to M.Sc. BIOTECHNOLOGY course for 2015-2016 to be held at Govt. Institute of Science, Aurangabad.

His/her seat number is.....

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Date :

Place : Aurangabad

**DIRECTOR**