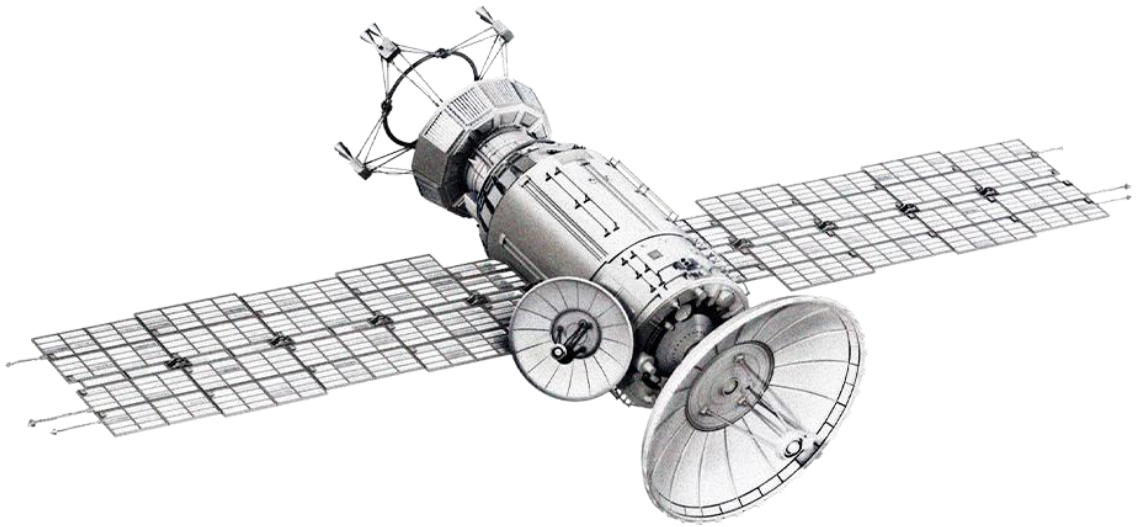




आय आर एस जी

यंत्र-तंत्रादि विज्ञानम् लोक कल्याणाम् साधनम्

INDIAN INSTITUTE OF REMOTE SENSING & GIS
भारतीय सुदूर संवेदना व भौगोलिक सूचना प्रणाली संस्था



REGISTRATION FORM



Indian Institute of Remote Sensing & GIS

Divisional Office: Delhi [] / Nashik(MH) [] / Jamnagar(GJ) []

Registration Form

(All the information required to fill in capital letters only)

For Office Use Only

Fee payment details (details of CASH / DD/ Online / Cheque)

1. Cash : _____ Amount _____ Date _____
2. DD.No _____ Amount _____ Date _____ Bank _____
2. Online: _____ Amount _____ Date _____ Bank _____
3. Cheque: _____ Amount _____ Date _____ Bank _____

Membership Fees: 1601 INR (\$50 for Foreign Students)

Processing Fees : 3100 INR (\$100 for Foreign Students)

Passport
Size
Photo

Admission details

Name of Applicant : _____

(in CAPITAL LETTERS as appear in SSC)

Father Name: _____

Mother Name: _____

Application Date : _____

Application for : **Institute Membership** [] / **Research Assistant** [] / **Research Associate** []

Branch : _____ Year: **201_-1_**

State of Eligibility (Goa, Mah, etc) : _____

Bank Name : _____ Bank Account No.: _____

Fee Payment Type : **Cash** [] / **Check** [] / **Demand Draft** [] / **Online** [] **Transaction No.:** _____

Date of Birth : _____ Place of Birth : _____

Admission Category: _____ Caste : _____
(SC, ST, OBC, General, GOI etc.)

Religion : _____ Nationality : _____

Mother tongue : _____ Blood Group : _____

E-mail ID : _____

Father Occupation : _____

Mother Occupation : _____

Identification Marks : _____

Sex : **Male / Female** Married : **Yes / No**

Height in CM : _____ Weight in KG : _____

Academic details: (Professional Qualification)

Professional Qualification : _____

Name of Institute / University: _____

Exam Seat No. : _____ Total Marks Obtained: _____ Maximum Marks: _____

Passing Month : _____ Year: _____ Percentage Marks Scored: _____ Grade: _____

(Note: Attach attested Photocopy of Professional Qualification marks card)

Address Details: (Local Guardian Address)

Guardian Name: _____ Guardian Occupation : _____

Relation with Guardian: _____ Guardian E-mail ID : _____

Address : _____

Pin : _____

Landline No.: _____ Mobile No.: _____

Last Qualifying Examination Details :

Last Exam Name : _____ Exam Year : _____

Board or Univ. Name : _____ Duration of Year : _____

Total Marks Obtained : _____ Total Max. Marks : _____ Percentage of Marks : _____

Class : _____

I hereby declare that the particulars furnished above are true, complete, and correct to the best of my knowledge and belief.

Date: / /20**Place:****Signature of Applicant****Instructions:**

1. **Membership and processing fees are not refundable.**
2. 10th std / 12th std / Diploma / Degree / Masters / PhD attested photocopy of marks sheet to be attached with this form.
3. The photocopy of **ISRO Registration Confirmation** Letter to be attached with this registration form
4. Affix passport size colour photograph at the space provided in the form
5. Additional sheet can be attached to provide diploma/degree level exam details
6. Candidate changing branches/courses/ in the subsequent admission round are require to compulsorily submit this form along with REGISTRATION SLIP issued by the institute during the first time registration
7. Membership cannot transferable.
8. Candidate should submit notarized copy of Annexure I (affidavit by the participant) and Annexure II (affidavit by parent institute / university) at the time of registration.

Stamp & Seal of IIRSG**DATE:** / /20