

INDIAN INSTITUTE OF TECHNOLOGY DELHI

**Personal Details**

1. Name of Student:  (in Hindi)

2. Name of Student:  (in English)

First Name

Middle Name

Last Name

E-mail

Mobile

3. Entry Number:

4. Blood Group: [A, AB, B, O]  [RH +/-]  JEE AIR

5. Sex: M/F:  6. Category: GE/OBC/SC/ST/FN  PD: Y/N

7. Date of Birth

Paste passport size photograph  
3 cm x 4 cm

8. Medium of instruction at School in XII<sup>th</sup> (Tick one)  Hindi  English  Others Language \_\_\_\_\_

9.(i) Percentage of marks in English in Class X   Class XII

(ii) Computer Science/ Informatics Practice was a subject in Class XII  YES  NO

If yes, Percentage of marks in Computer Science/Informatics Practice in Class XII

10. Father's Name

E-mail

Mobile

11. Mother's Name

E-mail

Mobile

12. Guardian's Name  (if parent is not guardian)

E-mail

Mobile

13. Parents/Guardian's Address

(a) Permanent : \_\_\_\_\_

(b) Office: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel. with STD/ISD code \_\_\_\_\_

Tel. with STD/ISD code \_\_\_\_\_

Fax with ISD/STD code \_\_\_\_\_

Fax with ISD/STD code \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

(c) Correspondence: \_\_\_\_\_

Tel. with STD/ISD code \_\_\_\_\_ Fax with ISD/STD code \_\_\_\_\_

14. History of Hospitalisation \_\_\_\_\_

15. Are you under any regular treatment, if yes, mention prescribed medicines Yes  No

If yes, mention prescribed medicines \_\_\_\_\_

16. Nearest Railway Station (to the current residential address)

Nearest Airport (to the current residential address)

17. Hostel:

18. Gross Family Annual Income (in Rs.)

19. Bank Account No.   
State Bank of India, IIT Delhi  
(If known)

**(Signature of Student)**

20. Declaration by parents regarding local guardian (for non-Delhi based students):

We nominate Shri/Smt. \_\_\_\_\_ relation \_\_\_\_\_  
as the local guardian for my ward. The address of the local guardian is:

Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel.No. \_\_\_\_\_ Fax No. \_\_\_\_\_ E-mail: \_\_\_\_\_

Please mail all performance reports and other correspondence to the address mentioned at S.No.13(a)/  
13 (b)/ 13 (c)/ (20).

**(Signature of Mother)**

**(Signature of Father)**

21. Emergency Contact Person: (please tick one of the three below)

Parents as in Sl. No.13  Local Guardian as Sl. No.20

Others: Give detail

Name : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel.No: \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail : \_\_\_\_\_

**Note:** 1. In case of any change in address and/or telephone numbers, parents are requested to kindly intimate the same in writing or by e-mail to the UG Section.

2. The spelling of the name written (in Hindi and English) above will appear in your degree certificate, therefore, you are requested to kindly write your name correctly without any mistake.