



Association of Minority Professional Academic Institutes  
Registered body under WB Society Registration Act 1961, vide Reg. No. S/1L/76255 Dt. 15/12/2010

Attested copy of a recent passport size photo of the applicant to be pasted within this box.

## CEE-AMP AI-2016- WB Counselling Form

<b>For B. Pharma Counselling</b>		<b>For B. Tech Counselling</b>		CEE AMP AI Application No: <input type="text"/>	
Sikh Rank <input type="text"/>	<input type="text"/>	Sikh Rank <input type="text"/>	<input type="text"/>	AMP AI Roll No: <input type="text"/>	
General Merit Rank <input type="text"/>	<input type="text"/>	General Merit Rank <input type="text"/>	<input type="text"/>	Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Gender <input type="text"/> <input type="text"/>	
Exam Center of Candidate.....		Exam Center of Candidate.....		D D M M Y Y Y Y M F	
Domicile .....		Domicile .....		Applied for : B.Tech <input type="checkbox"/> B.Pharma <input type="checkbox"/> Both <input type="checkbox"/>	

Name of the Applicant (IN BLOCK LETTERS)

First Name

Middle Name

Surname

Father's /Guardian's Name (IN BLOCK LETTERS)

First Name

Middle Name

Surname

Communication Address

Pincode

Mobile No:  (10 digits only) Email:.....

Examination passed	Year of passing	Name of Board/University	Percentage of marks in Aggregate	Percentage of marks in Mathematics
Class (X) or Equivalent				
Class (XII) or Equivalent				

**Declaration**

I declare that the statements given above are true to the best of my knowledge. I also understand that if I do not fulfil the eligibility and other criteria as specified by the University /College where I have been allotted through my option for admission to the B.Tech/B.Phrama course, as applicable, my candidature will be cancelled outright.

Date: .....

\_\_\_\_\_  
Signature of the Candidate in full

The following allotment code is the option exercised by me based on the availability of seats in the Institution at the instant of my counselling. I will not claim any other seat in the future. I understand that if I do not take admission to the allotted college/institution within the stipulated time, my allotment shall stand cancelled. I further understand that I will be required to produce all relevant original testimonials in respect of my fulfilment of eligibility and other criteria in respect of the allotted Institution as specified in the Information Brochure of CEE-AMP AI-2016-WB at the time of admission, otherwise my allotment shall stand cancelled.

**ALLOTMENT CODE:** .....

**(for official use only)**

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Signature of the Candidate in full