



DTE Code: EN4139

Samridhi Sarwajanik Charitable Trust's
JHULELAL INSTITUTE OF TECHNOLOGY
AN AUTONOMOUS INSTITUTE Affiliated to RTM Nagpur University

Kh.No.: 68 & 72, Off Koradi Road, Lonara, Nagpur - 441111.

Contact No.: 82086 39771, 82086 39501

E-Mail ID : admin@jitnagpur.edu.in Website : www.jitnagpur.edu.in

Vision: To become an eminent institution through knowledge and research.

NBA Accredited
(CSE, ME, EE)NAAC A+
Accredited

Ref. No.

ADMISSION REQUEST FORM B. Tech. 1st Year (2026-27)Paste your
latest
photograph

Candidate's Full Name: _____

Date of Birth: _____ Gender: _____ Category: _____

Address: _____ PIN _____

Mothers Name: _____ E-mail ID: _____

Mobile No. (Personal): _____ Mobile No. (Parent): _____

ACADEMIC DETAILS:**COURSES OFFERED**

S.S.C. (X) %	
H.S.C. (XII) %	
PCM/PMB/PMVoc (out of 300)	
MH CET Score	
JEE Score	

Branches Offered	Please write your
Mechanical Engineering	1-
Electrical Engineering	2-
Computer Science and Engineering	3-
Computer Science and Engineering (AIML)	4-
Computer Science and Engineering (AIDS)	5-
Electronics and Computer Engineering	6-

Have you visited JIT before?	Yes/No
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Reference Staff - _____

Documents Submitted: 10th Marksheet (MS), 12th Marksheet (MS), TC, CET/JEE Score Card, Nationality (NC), Domicile (DC), Caste Certificate (CC), NCL, Caste Validity (CVC), Income Certificate (IC), Aadhar Card, 2 Passport Size Photo

Pending Documents: - _____

Bus Facility Required: Yes / No if Yes Then Stop _____ Charges _____

Note: - Student will have to pay full fees in case of the scholarship is not approved by Government Authorities. He / She will pay the fees as per the fees structure allotted if failed to complete within time, he / she will have to pay late fees as per Institute rules time to time. Student must be aware about scholarship norms and if he/she is not eligible / failed to submit scholarship form then he/she has to pay full fees

Date: _____ Signature of Candidate _____ Sign of Counselor _____ Dean Branding & Promotion _____

B. TECH. First Year (2026-27)

Ref No.

Name of Student - _____ Category - _____

Admitted against CAP/ACAP/IL- _____ Reference Staff - _____

Year	TF	DF	CM	PF	Total	Scholarship	Bus Facility (Yes / No) if Yes
1 st Yr							
2 nd Yr & Onwards			NA	NA			

Dean Branding & Promotion

Dean Admin & Director