



भारतीय विज्ञान शिक्षा एवं अनुसंधान संस्थान
Indian Institute of Science Education and Research
BS/BS-MS ADMISSION FORM 2024

Application No.				Paste Photograph
Full Name				
Gender		Date of Birth		
Category		Contact Number		
Email ID				
Mother's Name			Father's Name	
Parent's/Guardian's Contact No.		Parent's/Guardian's E-mail ID		
Person with Disability	Yes No	Kashmiri Migrant	Yes No	
Kashmiri Pandit/ Kashmiri Hindu Families (non-migrants)			Yes No	
Address for Correspondence				
Class XII Details				
Name of Board				
Passing Year		Percentage		
Seat Allocation Fee (SAF) Payment Details				
SAF Transaction ID		SAF Amount		
Payment Date				

Undertaking from the Candidate and Parent/Guardian

I, _____ S/o, D/o, Ward/o _____ hereby declare that

1. The particulars stated above are true and based on verifiable records.
2. I undertake to present the original documents immediately upon demand by IISER(s).
3. In the event of suppression or distortion of any facts, I understand that my admission/ degree acquired is liable for cancellation. I understand that even if I get admitted to IISERs, it does not necessarily entitle me for a fellowship.
4. I also understand that the decision of the IISER Joint Admission Committee regarding my admission to IISER is final and I shall abide by the rules, norms and discipline of the Institute.
5. I understand that the decision of the Chairperson, Joint Admissions Committee 2024 will be final in case of any dispute.

Applicant's Signature:

Name:
Date:
Place:

Parent's/Guardian's
Signature

Name:
Date:
Place: