# BIRLA INSTITUTE OF TECHNOLOGY, MESRA, RANCHI

**Application for Obtaining Degree in Absentia**

**(For Degrees Awarded Before the Year 2011)**

To

The Registrar,

Birla Institute of Technology

Mesra,Ranchi ‐835 215 Date : ……/……./ ………

Sir,

I am to state that I have completed the Course of Studies prescribed under the Regulations and have passed the requisite Examination for the Award of Degree in the month of ………………………………………. *My complete particulars are as given hereunder:*

Name (in English, in capitals): ……………………………………………………………………………………………………………… (in Hindi) : …………………………………………………………………………………………………………………………………………… Institute Roll No. ……………………….….. ………Place of Study: Mesra Campus /Extn.Cntr……………….(Place). Complete Mailing Address:|……………………………………………….……………………………………………………………

……………………………………….…………………………………………………………………………………………………………………. City/Town ………………………………………… Dist. & State ………………………………………… PIN Code ……….……… Phone No. (with STD Code)/Mobile No. |…………….……….……….………… Email : ……………………………………

**Examination Passed** (Tick whichever is applicable): Ph. D. / M. E. / M.Tech. / M. Pharm. / MBA / MCA / M. Sc /B.E. / B.Tech./ B. Pharm. /B.Arch. / BHMCT/ BBA/BCA/B.Sc. Degree .

Month & Year of Completion: ……………….……..………..…… (See Provisional Certificate)

Branch / Field of Specialization: ………………………………………………….……………….…………………………………..…

Signature of the Candidate: …………………………………………….….

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***This Application should be submitted along with the following***:

* The SB Collect receipt for Rs. 3000/- which is to be emailed to [studentsection@bitmesra.ac.in](mailto:studentsection@bitmesra.ac.in). **“Students Section Fee”** should be selected in **“Payment Category”.**[**https://www.onlinesbi.com/sbicollect/icollecthome.htm**](https://www.onlinesbi.com/sbicollect/icollecthome.htm)
* Photocopy/scanned copy of the provisional certificate

## DECLARATION FORM

Details of payment:

SB Collect Reference Number:………………………………………………….Date:……………………………..Name of the Candidate: (**in CAPITAL letters**)…………………………………………………………………………………………… Roll No. : ……………………………………………………………… Course :…………………………………………………………….… Place of Study :………………………………………………………

Yours faithfully,

Signature of the Candidate: ……………………………………… (No one else should sign on behalf of the Candidate)

‐‐x‐‐‐‐x‐‐‐‐x‐‐‐‐x‐‐‐‐x‐‐‐‐x‐‐‐‐x‐‐‐‐x‐‐‐‐x‐‐‐‐x‐‐‐‐x‐‐‐‐x‐‐‐‐x‐‐‐‐x‐‐‐‐x‐‐‐‐x‐‐‐‐x‐‐‐‐x‐‐‐‐x‐‐‐‐x‐‐‐‐x‐‐‐‐x‐‐‐‐x‐‐‐x‐‐‐‐x‐‐

## For Office Use only:

Verification of above information furnished by the Candidate is correct as per Institute records. Date of Deg. / Dipl. Certificate : ……………………………………………..… Date of Dispatch **#**: ……………………… (**#** Applicable for Degrees/Diplomas *in absentia*)

Verified by : …………………………………

Date : …… / …… / ……… Registrar