ONLINE APPLICATION FORM FOR GATE 2009

COMPLETE MAILING ADDRESS INCLUDING	NAME	PHOTOGRAPH		
NAME: BIGIL MM		PASTE (DO NOT STAPLE)		
ADDRESS:		A RECENT FRONT		
BIGIL BHAVAN		FACIAL HIGH CONTRAST		
MULLILAVUVILA		PHOTOGRAPH OF SIZE		1 81 18118 11
KUDAYAL P.O		3 CM X 4 CM. Photograph		
TVPM		must not be larger than this		
PIN CODE: 695505		box or else the application is		
Email Address: mm_bigil@yahoo.co.in		liable to be rejected. Do not	77170)7
		get the photograph attested	77.17	, ,
FULL SIGNATURE WITH BLACK BALLPOINT	PEN			
-				
		•		
INFORMATION TO THE CANDIDATE: On the				
draft. Send the compeleted form along with the D corrsponding zone (website of which has been used			certificate, (if applicable) to the CHA	IRMAN, GATE, of the
corrsponding zone (website of which has been used	i) by Speed/Registered	r OSt.		
APPLICATION NUMBER	:771707		DEMAND DRAFT DETA	AILS
NAME OF THE CANDIDATE	:BIGIL MM		BANK NAME	: SBI
EXAMINATION CITY CODE (1st Choice)	:Thiruvananthapu	ıram (723)	BANK ID(MICRO NO)	: 000002000
EXAMINATION CITY CODE (2nd Choice)	:Ernakulam (707)	1	DEMAND DRAFT NUMBER	: 046893
DATE OF ONLINE SUBMISSION (dd/mm/y	` ′			: Rs. 900.00 Only
DATE OF CIVEINE CODMISCION (daminy)	y) .20/10/00		DATE OF ISSUE (dd/mm/yy)	•
			DATE OF 1330E (dd/IIIII/yy)	. 23/10/00
OTHER DETAILS :				
NAME OF PARENT	:MICHAEL C		GATE PAPER CODE	: CS
DATE OF BIRTH (dd/mm/yy)	:05/05/86			: E
GENDER	:Male		QUALIFYING YEAR	: 2007
NATIONALITY	:Indian		DISCIPLINE CODE	: 24
PERSON WITH DISABILITY	:NO			: KL065
CATEGORY	:0			: 695574
STATE/UT OF PERMANENT ADDRESS	:Kerala (KL)		MOBILE/LANDLINE PHONE	: 09995404135
TICK THE CHECK LIST		LIST OF ATTACHMENTS (T	TOK ADDDODDIATE BOY	١
ICK THE CHECK LIST		LIST OF ATTACHMENTS (T	ICK APPROPRIATE BOX)
Pasted a recent high contrast photograph?		Demand Draft mentioned in Application.		
Signed(with black ballpoint pen) in the box?		Attested copy of SC/ST/PD/OBC(non cr	eamy layer) Certificate(if appplicable).	
Signed (with black ballpoint pen) the declaration?		In case of PD Candidate, requested for	Amanuensis(if applicable)?	
Kept a photocopy of the filled Printed Form?		Attested copy of the affidavit for Change	of Name/Surname(if applicable).	
DECLARATION BY THE CANDIDATE	. :			
I hereby declare that all the particulars stated	in this Application	Form are true to the best of my kno	wledge and belief. I have r	read the Information
Brochure and I shall abide by the terms and	conditions therei	n. In the event of supperssion or	distortion of any fact in my	Application Form. I
understand that I will be denied the opportunity	to appear in GATE	2009. Further, if any such supperssi	on or distortion of facts is discov-	ered after appearing
in the examination, any admission/degree acqu	ired on the basis of	GATE 2009 score is liable for cancel	lation.	
Place:				
Date:			FULL SIGNATURE OF THE CA	ANDIDATE
			FULL SIGNATURE OF THE CA	AND IDA I E