



భారతీయ సాంకేతిక విజ్ఞాన సంస్థ హైదరాబాద్
भारतीय प्रौद्योगिकी संस्थान हैदराबाद
Indian Institute of Technology Hyderabad

APPLICATION FORM

FOR FOREIGN NATIONALS DIRECT ADMISSION INTO MASTERS PROGRAM UNDER SELF FINANCING PROGRAM
JULY 2024 ADMISSIONS

The soft copy of the complete application form with the electronic copies of all the testimonials should be
mailed to ia.ir@iith.ac.in on or before 20th April, 2024 / 17:00 IST

INSERT YOUR RECENT PASSPORT SIZE PHOTOGRAPH BELOW
(Click on the image for uploading your image)

A. PERSONAL INFORMATION

LAST/FAMILY
NAME:

GIVEN/FIRST
NAME:

DATE OF BIRTH
(DD/MM/YYYY):

SEX

M

F

Others

NATIONALITY OR
CITIZENSHIP

PASSPORT NO.

PERMANENT
ADDRESS:

COUNTRY:

ZIP CODE:

PRESENT

ADDRESS

COUNTRY

ZIP CODE

EMAIL :

MOBILE NUMBER:

B. EDUCATION DETAILS

NAME OF THE
BACHELOR'S
DEGREE

MEDIUM OF
STUDY

ENGLISH
OTHERS

AREA /
SPECIALIZATION

BACHELOR'S
THESIS TITLE
(WRITE NOT
APPLICABLE IF
NOT ANY)

NAME OF
UNIVERSITY/
INSTITUTE:

QS RANKING
(WRITE '0' IF NOT
AVAILABLE)

ADDRESS:

COUNTRY:

ZIP CODE:

C.G.P.A./
PERCENTAGE
(MAXIMUM OF
THE SCALE)

RANK (IF AVAILABLE)

YEAR OF
GRADUATION

ANY OTHER
DEGREE/
DIPLOMA

MEDIUM OF
STUDY

ENGLISH
OTHERS

NAME OF
UNIVERSITY/
INSTITUTE:

QS RANKING
(WRITE '0' IF NOT
AVAILABLE)

ADDRESS:

COUNTRY:

ZIP CODE:

C.G.P.A/
PERCENTAGE
(MAXIMUM OF
THE SCALE):

RANK (IF AVAILABLE)

YEAR OF
GRADUATION

C. PROFESSIONAL EXPERIENCE (TWO MOST RECENT EXPERIENCES ONLY IN REVERSE CHRONOLOGICAL ORDER IF ANY)

COMPANY/
ORGANIZATION

ADDRESS

COUNTRY

ZIP

FROM
(DD/MM/YYYY)

TO
(DD/MM/
YYYY)

COMPANY/
ORGANIZATION

ADDRESS

COUNTRY

ZIP

FROM (DD/MM/YYYY)

TO

(DD/MM/YYYY)

D. ACADEMIC/RESEARCH ACHIEVEMENTS

GRE/ILTS/TOEFL
YEAR AND SCORE
(WRITE NA IF NOT
AVAILABLE)

AWARDS/
RECOGNIZATIONS
(WRITE NOT
AVAILABLE IF
YOU DO NOT HAVE

E. DEPARTMENT

DEPARTMENT
APPLYING FOR
(SCROLL & SELECT)

OUTLINE OF THE
PROPOSED
RESEARCH
(WITHIN 2500
CHARACTERS)

STATEMENT OF
PURPOSE FOR
APPLYING FOR
ADMISSION AT
IIT HYDERABAD

F. REFERENCES

ADD THREE REFEREES. THE CANDIDATE SHOULD ARRANGE TO SEND AT LEAST ONE REFERENCE LETTER FROM ONE OF THE REFEREES LISTED BELOW TO ia.ir@iith.ac.in BY 20th APRIL 2024)

NAME OF THE
REFEREE 1

AFFILIATION

COUNTRY

E-MAIL

NAME OF THE
REFEREE 2

AFFILIATION

COUNTRY

E-MAIL

NAME OF THE
REFEREE 3

AFFILIATION

COUNTRY

E-MAIL

G. DECLARATION

I, HEREBY, DECLARE THAT THE INFORMATION SUPPLIED HERE IS TRUE TO THE BEST OF MY KNOWLEDGE

WRITE YOUR
NAME (EXACTLY
THE WAY IT
APPEARS IN THE
PASSPORT) AS
SIGNATURE

PLACE

DATE
(DD/MM/YYYY)