

KAMALA INSTITUTE OF TECHNOLOGY & SCIENCE

(Sponsored by Kamala Education Society)
UGC AUTONOMOUS

Approved by AICTE & Affiliated to JNTUH, Hyderabad And Accredited by NAAC with A++ Grade & Accredited by NBA (ECE,CSE & EEE) Singapuram(Vill.), Huzurabad(Mdl), Karimnagar (Dt.) Telangana – 505 468 Ph.No 9177670003, website: www.kitssingapuram.ac.in

Admission Notification for B-Category Seats in B.Tech I year for the Academic Year 2024-25

Applications are invited from the eligible candidates for admission into B.Tech I year under B-Category seats (30% of intake) for the academic year 2024-25 as shown below.

B.Tech	CIVIL	EEE	MEC	ECE	CSE	AIML	IT	CSE (DS)	
Intake	30	60	30	120	240	120	60	60	
B-Category seats	09	18	09	36	72	36	18	18	

The application form can be obtained either from the college office or from the college website: www.kitssingapuram.ac.in. A registration fee of Rs.1,000/- is to be paid either in college cash counter or in the form of a DD drawn in favour of "The Principal, KITS, Singapur" payable at Huzurabad. The duly filled-in application form is to be submitted at the college either in person or online through college website. The last date for submission of application is **08.08.2024** by **4.00 pm**. The admissions will be made as per the guidelines issued by Telangana State Council for Higher Education (TGCHE).

Tuition fee: Rs. 90,000/- per annum Eapcet Counseling Code: **KTKM**

Sd/-

Date: **01.08.2024** Secretary & Correspondent

Download Application form Here



KAMALA INSTITUTE OF TECHNOLOGY & SCIENCE, SINGAPUR HUZURABAD-505468, KARIMNAGAR DIST., T.S. Sponsored by Kamala Education Society AUTONOMOUS INSTITUTE

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		APPLICATION		B.TECH I Year A					NAGEN	/IEINI)	rok 		
Personal D	etails												
*Name of the Candidate:(As per SSC Record)													
Gender:													
Father / Guardian Name													
Occupation:										Photo			
Annual Inco	me:												
Date of Birtl	h												
Email Addre	ess of P	arent											
Phone Numl	er of the	he Parent:											
Email Addre	ess of S	tudent											
Phone Numb	er of t	he Student:											
Address													
Address for	Comm	unication											
Permanent	Addres	S											
City/Town				Pincode	State								
Choose yo	ur cate	egory					Choo	se (If	Anni	icable	<u> </u>		
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Details of	qualify	ying examina	ation pa	ssed (Interm	ediat	e (10+2)))						
Year of Pas	sing:												
Examining	Board	/ University											
Percentage													
Total Marks				Out of									
Optional Subject Marks(MPC)				Out of									

Details of AIEEE (JEE/JEE	Mains) if appeared
Year of appearance:	
Hall ticket Number	
Rank Secured	
Details of EAPCET if appea	red
Year of appearance:	
Hall ticket Number	
Rank Secured	
Total Marks	Out of
Details of D.D	
D.D Number:	
Name Of the Bank	
Branch	
Note: (Attach the Xerox co	ppies of certificates)
Instructions	
	form is to be submitted at the college either in person or on-line through college website. of application is 08.08.2024 by 4.00 pm .

Parent Signature Student Signature