ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to University Campus, Agartala-Simna Road, PO Kanailghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 03124

Please Tick (✓) the program you wish to enroll:

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☑ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms BIRAJ BARDHAN

Gender ✓ Male ☐ Female ☐ Transgender

Whether You belong to SC ☐ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(s)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 01/12/2002 Blood Group O+ Mobile 9089635869

E-mail birajbardhan8@gmail.com

Parent's Name Mr./Ms SANKAR BARDHAN

Tel (Res) (Mobile) 9089635869 Nationality INDIAN

Present Address TRIPURA AGARTALA BANAMALIPUR LAL BAHADUR CHOUMUNI AGARTALA

Permanent Address DO

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	HINDI HIS school	AGARTALA	CBSE		2018	77.2	
XII	HINDI HIS school	AGARTALA	CBSE		2020	66.2	
Graduation	ICFAI TRIPURA	AGARTALA	ICFAI		2023		
Others							

4. Name & Address of the College (for Bachelor Degree) ICFAI UNIVERSITY

City AGARTALA

The ICFAI University TRIPURA

ICFAI UNIVERSITY TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8415952506, Fax 0381-2865752/62

PERSONAL INFORMATION

Courses offered	:	M.Sc. Mathematics
Admission Number	:	IUTON-823-119
Student Name: (As per the 10+2 Certificate)	:	Gourab Pal
Father Name	:	Gouranga Chandra Pal
Mother Name	:	Rinku Singha Pal
Date of Birth	:	23-01-2002
Identification Marks (As per the SSC Certificate)		
1.	:	-
2.	:	-
Nationality	:	Indian
Aadhar Card No	:	937015108990
Native Place & State	:	Santinagar & Tripura
Student Mobile	:	8974137464
Student E-mail		palgourabpalgi@gmail.com
Father Mobile		8732070191
Mother Mobile	:	-
Gender	:	Male
Community	:	OBC

CONTACT INFORMATION

Permanent Address		
Country	:	India
State	:	Tripura
District		Sepahijala
H.No		-
Locality	:	Sonamura
Village/City	:	Santinagar
Pincode	:	799131
Tel: (R)	:	-

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN - 799210, ☎Tel: 0381-2866752/62 Fax: 2865754
Website: www.iutripura.edu.in ✉E-mail: registrar@iutripura.edu.in

Selection Notified
M.Sc. Mathematics
Application No
IUT-823-11602

MONALISA DEBBARMA

21-09-2023

SUBJECT: OFFER FOR ADMISSION INTO M.Sc. Mathematics PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **2 years M.Sc. Mathematics** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **11-10-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **M.Sc. Mathematics** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

21/09/23
Admissions Officer
Faculty of Science and Technology
ICFAI University Tripura

Admission Office
ICFAI University, Tripura

University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0227

Please Tick (✓) the program you wish to enroll:

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)
☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☑ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. NABANITA CHAUDHURI

Gender: Male ✓ Female

Whether You belong to: SC ☐ ST ☐ OBC ☐ Minority ☐ Others ✓ [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 09092000 Blood Group O+ve Mobile 9863604162

E-mail nabanitachaudhuri2k@gmail.com

Parent's Name Mr./Ms. RABINDRA CHAUDHURI

Tel (Res) 9436361010 (Mobile) 7602303992 Nationality INDIAN

Present Address C/O-RABINDRA CHAUDHURI, SREEPALLI BADHAGHAT P.O MADHUBAN DUKLI, VIA-A.D.NAGAR, AGARTALA TRIPURA WEST 799003

Permanent Address -DO-

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	N.S.V	AGARTALA	T.B.S.E	SCIENCE	2017	81.14%	
XII	N.S.V	AGARTALA	T.B.S.E	SCIENCE	2019	69%	
Graduation Degree	WOMENS COLLEGE AGARTALA	T.U	MATH HONS		2022	72.5%	

Non submission of mark sheets/ grade sheets of 10th and 12th / Graduation Degree may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree)

The ICFAI University TRIPURA

ICFAI UNIVERSITY TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8415952506, Fax 0381-2865752/62

PERSONAL INFORMATION

Courses offered	:	M.Sc. Mathematics
Admission Number	:	IUTON-823-122
Student Name: (As per the 10+2 Certificate)	:	Sabuj Das
Father Name	:	Niranjan Chandra Das
Mother Name	:	Kajal Das
Date of Birth	:	07/03/1998
Identification Marks (As per the SSC Certificate)		
1.	:	Nil
2.	:	India
Nationality	:	Indian
Aadhar Card No	:	553912498868
Native Place & State	:	Tripura
Student Mobile	:	7005755152
Student E-mail	:	sabujdas3097@gmail.com
Father Mobile	:	9862526391
Mother Mobile	:	-
Gender		Male
Community		SC

CONTACT INFORMATION

Permanent Address		
Country	:	India
State	:	Tripura
District	:	West Tripura
H.No	:	-
Locality	:	Majlishpur
Village/City	:	Uttar Majlishpur
Pincode		799035
Tel: (R)		-
(O)	:	-

-

ICFAI UNIVERSITY TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8415952506, Fax 0381-2865752/62

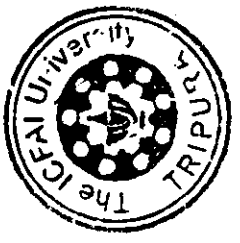
PERSONAL INFORMATION

Courses offered	:	M.Sc. Mathematics
Admission Number	:	IUTON-823-95
Student Name: (As per the 10+2 Certificate)	:	Sagar Das
Father Name	:	Sanjoy Kumar Das
Mother Name	:	Jhuma Das
Date of Birth	:	21/01/2002
Identification Marks (As per the SSC Certificate)		
1.	:	-
2.	:	-
Nationality	:	Indian
Aadhar Card No	:	806701637395
Native Place & State	:	Manughat, Dhalai Tripura
Student Mobile	:	7629987714
Student E-mail	:	dasssagar2018@gmail.com
Father Mobile	:	8415019717
Mother Mobile	:	-
Gender	:	Male
Community		SC

CONTACT INFORMATION

Permanent Address

Country	:	India
State	:	Tripura
District	:	Dhalai
H.No	:	-
Locality	:	Manughat, A.A.road
Village/City		Manughat
Pincode		799275
Tel: (R)	:	-



ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 11683

Please Tick (✓) the program you wish to enroll:

☐ BA English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☑ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. TAPOBRATA BASU

Gender: ☑ Male ☐ Female ☐ Transgender

Whether You belong to: ☐ SC ☐ ST ☐ OBC ☐ Minority ☑ Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 26/09/2001 Blood Group B+ Mobile 6909067095

E-mail tapobrata2@gmail.com

Parent's Name Mr./Ms. SUBRATA BASU

Tel (Res) _____ (Mobile) 9612117365 Nationality INDIAN

Present Address VILL-[illegible] P.S. [illegible] DIST. TRIPURA

CITY-SANTIRBAZAR STATE-TRIPURA 799141

Permanent Address D/O

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

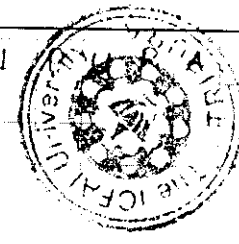
Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	BRINTAK SIKSHA NIKETAN	SANTIRBAZAR	TBSE	SCIENCE	2018	83.8%	
XII	[illegible]	[illegible]	[illegible]	[illegible]	2020	68.2%	
Graduation	[illegible]						
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree) ICFAI UNIVERSITY TRIPURA

KAMALGHAT

City AGARTALA



ICFAI
TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8415952800, Fax 0381-2865752,62

PERSONAL INFORMATION

Courses offered	:	M.Sc. Mathematics
Admission Number	:	IUTON-823-96
Student Name: (As per the 10+2 Certificate)	:	TIRTHA CHAKRABORTY
Father Name	:	PARTHA CHAKRABORTY
Mother Name	:	MITHU GHATAK CHAKRABORTY
Date of Birth	:	03/01/2002
Identification Marks (As per the SSC Certificate)		
1.	:	-
2.	:	-
Nationality	:	Indian
Aadhar Card No	:	845021793231
Native Place & State	:	Tripura
Student Mobile	:	9863582748
Student E-mail	:	tirthachakrabortysrk@gmail.com
Father Mobile	:	8119934897
Mother Mobile	:	7629824745
Gender	:	Male
Community	:	General

CONTACT INFORMATION

Permanent Address		
Country	:	India
State	:	Tripura
District	:	Gomati
H.No	:	CHAKRABORTY BHAVAN
Locality	:	NEAR SITLA BARI, MADHYAPARA
Village/City	:	UDAIPUR

ICFAI
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ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 9415952506, Fax 0381-2865752/62

PERSONAL INFORMATION

Courses offered	:	M.Sc. Mathematics
Admission Number	:	IUTON-823-97
Student Name: (As per the 10+2 Certificate)	:	TRISHNANKA SUTRADHAR
Father Name	:	TAPAN SUTRADHAR
Mother Name	:	PURNIMA MAJUMDER (SUTRADHAR)
Date of Birth	:	12/03/2002
Identification Marks (As per the SSC Certificate)		
1.	:	-
2.	:	-
Nationality	:	Indian
Aadhar Card No	:	459906624277
Native Place & State	:	AGARTALA,TRIPURA
Student Mobile	:	7085375043
Student E-mail	:	SDTRISHNANKA2002@GMAIL.COM
Father Mobile	:	9774705889
Mother Mobile	:	9612877365
Gender	:	Male
Community	:	OBC

CONTACT INFORMATION

Permanent Address		
Country	:	India
State	:	Tripura
District	:	West Tripura
H.No	:	47
Locality	:	BHATTAPUKUR KALITILA
Village/City	:	AGARTALA

The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Application No. IUT823- 0993

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll:

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc. Physics ☐ M.Sc Chemistry ✓ M.Sc Mathematics

1. NAME OF THE APPLICANT (Use Capitals only as per Academic Certificates)

Mr/Ms. BIKRAM SUTRADHAR

Gender: ✓ Male ☐ Female ☐ Transgender

Whether You belong to: ☐ SC ☐ ST ✓ OBC ☒ Minority ☐ Others (Please Tick any one(✓))

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 23082001 Blood Group B(+ve) Mobile 7630840883

E-mail bsdhar2601@gmail.com

Parent's Name Mr/Ms PRADIP KUMAR SUTRADHAR

Tel (Res) (Mobile) 9233974896 Nationality INDIAN

Present Address SONAMURA, SEPAHIJALA, TRIPURA,
VILLAGE:- THAKURMURA, P/O:- SONAMURA, 799131
SONAMURA TRIPURA 799131

Permanent Address

3. ACADEMIC RECORD: SCHOOL / COLLEGE

a

Class	Name of the School/College	City	Board/ University	Stream/ Subjects/ Specialization	Year of Passing	% of Marks / CGPA	Subjects covered
X	T.H.S.	SONAMURA	T.B.S.E		2018	75.8%	
XII	N.C.I.	SONAMURA	T.B.S.E	SCIENCE	2020	61%	
Graduation	K.N.M.S	SONAMURA	T.U	SCIENCE (MATH)	2023		
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor KABI NAZRUL MAHAVIDYALAYA, SONAMURA

The ICFAI University, Tripura

Abhisher Chakraborty
21IUT0190096
BFSI 900560

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 3(f) of UGC Act 1956

Application No.

IUT823- 0375

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

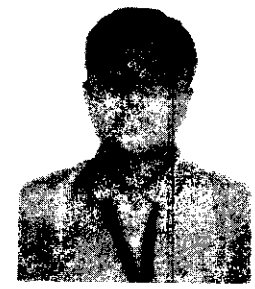
Please Tick (✓) the program you wish to enroll:

☐ BA English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☑ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./~~Ms.~~ APIYAN PAUL



Gender: ✓ Male Female

Whether you belong to: SC ST OBC ☑ Others [Please Tick any one(✓)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 15/12/2004 Blood Group O+ Mobile 8259874147

E-mail pcpaulbulu33@gmail.com

Parent's Name Mr./~~Ms.~~ ABHIJIT KUMAR PAUL

Tel (Res) (Mobile) 8974143166 Nationality Indian

Present Address TOWN PRATAPGARH, GANGAIL ROAD, SHRI KRISHNA PALLI, AGARTALA

AGARTALA TRIPURA 799001

Permanent Address TOWN PRATAPGARH, GANGAIL ROAD, SHRI KRISHNA PALLI, AGARTALA

AGARTALA WEST TRIPURA 799001

3. **ACADEMIC RECORD. SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	N.S.V	Agartala	TBSE	Science	2021	75.2%	
XII	N.S.V	Agartala	TBSE	Science	2023	56.4%	
Graduation							
Others							

b. Name & Address of the College (for Bachelor Degree) City

The ICFAI University Tripura

ID: SAMSYASES D/N 20.10.2002.136 (7/16) IUT CAMPUS The ICFAI University Tripura

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Application No. IUT823- 1006

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll.

☐ BA English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☑ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. BAISHALI DEBNATH

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☑ Minority ☐ Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 05/02/2001 Blood Group O+ Mobile 7641012946

E-mail DEBNATHBAISHALI1962@GMAIL.COM

Parent's Name Mr./Ms. BIJAN DEBNATH

Tel. (Res.) Nationality INDIAN

Present Address JAGATPUR ABHOYNAGAR

AGARTALA TRIPURA (W) 799005

Permanent Address JAGATPUR ABHOYNAGAR

AGARTALA TRIPURA (W) 799005

3. **ACADEMIC RECORD SCHOOL / COLLEGE**

a

Class	Name of School/College	Board/University	Year of Passing	% Marks/ CGPA	Subjects covered
XII	Shishu Nikatan Higher Secondary	Agartala	CBSE Board	2021 92%	5
Graduation			2023 61%		6
Others					

Non submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

b Name & Address of the College (for Bachelor Degree) City

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please note that all correspondence will be sent to the University Campus.
Nalakhan, Jirania Road, P.O. Kunjaban, Mohanpur, Agartala-799 210, Tripura (West)

Application No. IUT823- 03261

Please Tick (✓) the program you wish to enroll.

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☑ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. BEERJU DEBBARMA

Gender : ☑ Male ☐ Female ☐ Transgender

Whether You belong to: SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(✓)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 08.03.2005 Blood Group B+ Mobile 9863156061

E-mail beerjudebbarma@gmail.com

Parent's Name Mr./Ms. BARESH DEBBARMA

Tel (Res) ..... (Mobile) ..... Nationality INDIAN

Present Address BHADRAMISHIP PARA

AGARTALA TRIPURA 799035

Permanent Address .....

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	K.V NIT Agartala	Agartala	CBSE		2021	84%	5
XII	K.V NIT Agartala	Agartala	CBSE	Science	2023	55%	5
Graduation							
Others							

b. Name & Address of the College (for Bachelor Degree) ICFAI UNIVERSITY AGARTALA

The ICFAI University TRIPURA

GAP
Name : Sreelakshmi Sarkar
ID : 22 IUT 0300 4 (SC)
IUT CAMPUS
The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No.

IUT823- 0217

Please Tick (✓) the program you wish to enroll.

☐ BA English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☑ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.S. Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. DEBALIKA GHOSH

Gender : Male ✓

Whether You belong to : SC ☐ ST ☐ OBC ✓ Minority ☐ Others ☐ [Please Tick any one(✓)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth: 30 05 2004 Blood Group: Mobile: 6909221016

E-mail: ghoshdebalika@gmail.com

Parent's Name Mr./Ms. DILIP CHANDRA GHOSH

Tel (Res) (Mobile) 9436592478 Nationality INDIAN

Present Address: CHHINPI PARA USHAGAZAR AIRPORT ROAD AGARTALA WEST TRIPURA AGARTALA TRIPURA 799009

Permanent Address: RANGAMATI AMARPUR GOMATI TRIPURA AMARPUR TRIPURA 799101

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	AEMHSS	AMARPUR	TBSE		2020	90%	
XII	SBHSS	AGARTALA	CBSE	SCIENCE	2022	81%	
Graduation							
Others							

Non-submission of mark sheets / provisional certificate / migration certificate may lead to cancellation of admission.

b. Name & Address of the College (for Bachelor Degree):

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to University Campus, Agartala-Simna Road, PO Kamalghat, Mohanbur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0848

Please Tick (✓) the program you wish to enroll

[ ] BA English (Hons) [ ] BA Psychology (Hons) [ ] B.Sc Physics (Hons) [ ] B.Sc Chemistry (Hons) [✓] B.Sc Mathematics (Hons)

[ ] MA English [ ] MA Psychology [ ] M.Sc Physics [ ] M.Sc Chemistry [ ] M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. DWIPALIKA DAS

Gender : [ ] Male [✓] Female [ ] Transgender

Whether You belong to [✓] SC [ ] ST [ ] OBC [ ] Minority [ ] Others [Please Tick any one(✓)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth [illegible] Birth Number [illegible] Mobile 7629007091

E-mail dipilikaoe@gmail.com

Parent's Name Mr./Ms. SUBHASH DAS

Tel (Res) [ ] (Mobile) 7629007091 Nationality INDIA

Present Address VII - SUBHASH NAGAR JIRANIA

P.O - BIRENDRA NAGAR

AGARTALA TRIPURA 799045

Permanent Address VII - SUBHASH NAGAR JIRANIA

P.O - BIRENDRA NAGAR

AGARTALA TRIPURA 799045

3. **ACADEMIC RECORD SCHOOL / COLLEGE**

a.

Class	Name of the School / College	Place	Board / University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	KV NIT Agartala	Agartala	CBSE	Science		81.8	five
XII	KV NIT Agartala	Agartala	CBSE	Science	2023	55.6	five
Graduation							
Others							

Non-submission of mark sheets/ grade sheets of all exam/ sessions may lead to rejection of application form.

b. Name & Address of the College for Back for Degree: ICFAI UNIVERSITY TRIP [illegible]

The ICFAI University TRIPURA

CUT HERE

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0476

Please Tick (✓) the program you wish to enroll.

[ ] BA English(Hons) [ ] BA Psychology(Hons) [ ] B.Sc Physics(Hons) [ ] B.Sc Chemistry (Hons) [✓] B.Sc Mathematics(Hons)

[ ] MA [ ] [ ] [ ] [ ] M.Sc Mathematics

1. NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. FENIKA REANG

Gender [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority [ ] Others [Please Tick any one(√)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 10/12/2001 7005749770

E-mail reangfenika@gmail.com

Parent's Name Mr./Ms. MURJIRAM REANG

Tel (Res) _____ (Mobile) 7005749770 Nationality INDIAN

Present Address TOISAMA PARA PO CHELLAGANG PS NATUN BAZAR DST GOMATI SUB KARBOOK AMARPUR TRIPURA 799101

Permanent Address TOISAMA PARA PO CHELLAGANG PS NATUN BAZAR DST GOMATI SUB KARBOOK AMARPUR TRIPURA 799101

3. ACADEMIC RECORD: SCHOOL / COLLEGE

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	EMRS	Bhuvanadi	CBSE		2021	79.2/	
XII	EMRS.K	Khumaripara	CBSE	Science	2023	69.2%	
Graduation							
Others							

Non-submission of mark sheets, grade sheets of all examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree) KAMALGHAT WEST TRIP

The ICFAI University TRIPURA

CUT HERE

ICFAI UNIVERSITY

The ICFAI University, Tripura

Application No. IUT823- 0804

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll:

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☐ B Sc Physics(Hons) ☐ B Sc Chemistry (Hons) ☑ B Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. KABERI DEBNATH

Gender ☐ Male ☑ Female

Whether You Belong to SC ☐ ST ☑ OBC ☐ Others ☐ [Please Tick any one(-)].

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 09/08/2004 Blood Group AB (+ve) Mobile 9402597506

E-mail SHEFALINATH.KMP@GMAIL.COM

Parent's Name Mr./Ms. BINAY DEBNATH

Tel (Res) (Mobile) 8974136916 Nationality INDIAN

Present Address PANCHAST, KAMALPUR, DHALAI, TRIPURA.

KAMALPUR TRIPURA 799285

Permanent Address PANCHAST, KAMALPUR, DHALAI, TRIPURA.

KAMALPUR TRIPURA 799285

3. ACADEMIC RECORD: SCHOOL / COLLEGE

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects Covered
X	Panchasi High school	Kamalpur	TBSE		2021	90.2%	5
XII	K.C Girls' Class XII school	Kamalpur	TBSE	Science	2023	69.8%	5
Graduation							
Others							

Note: Submission of [illegible] along with the application form.

b. Name & Address of the College (for Bachelor Degree)

The ICFAI University TRIPURA

CUT HERE

ICFAI UNIVERSITY TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8415952506, Fax 0381-2865752/62

Application form

EDUCATION PROGRAMS

Courses offered:

BSC-Mathematics (Hons.)

Whether student is regular or lateral entry: Regular

PERSONAL DETAILS

Admission Number: IUTON-823-120

Student Name: KENLEN LEGO

(As per the 10+2 Certificate)

Father Name: OGE LEGO

Mother Name: YANGKI TAYENG LEGO

Date of Birth: 28/12/2002

Blood Group: -

Identification Marks:

(As per the SSC Certificate)

1. -
2. -

Marital Status: Unmarried

Mother Tongue: -

SSC / X H.T.No: -

Nationality: Indian

Aadhar Card No: 659728917056

Native Place & State: ARUNCHAL PRADESH

Student Mobile: 9362816254

Student E-mail: djkenlen17@gmail.com

Father Mobile: 9436639129

Mother Mobile: 8974884551

Gender: Male

Community: ST

Location: Other

Any other Please Specify: ARUNCHAL PRADESH

COMMUNICATION DETAILS

Permanent Address

Country: India	**State:** Arunachal Pradesh	**District:** Papum Para
H.No: H.No H.No	**Locality:** A SECTOR NAHARLAGUN	**Village/City:** NAHARLAGUN

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Application No. IUT823- 0812

Please submit the completed application form to the University Campus, Agartala Sonamura Road, Kamalghat, Tripura (West)

Please Tick (✓) the program you wish to enroll

☐ BA English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☑ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. MOUMITA SAHA

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to : ☐ SC ☐ ST ☐ OBC ☐ Minority ☑ Others [Please Tick any one(✓)]

2. PERSONAL DETAILS (Mandatory)

Date of Birth 07/02/04 Blood Group B+ Mobile 9774773935

E-mail sahamoumita729@gmail.com

Parent's Name Mr./Ms. MADAN SAHA

Tel (Res) _____ (Mobile) 7005525596 9774216285 Nationality Indian

Present Address VILL-JANGALIA

P.O-BISHALGARH

BISHALGARH TRIPURA 799102

Permanent Address D.O

3. ACADEMIC RECORD: SCHOOL / COLLEGE

a.

Class	Name of the School /College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects Covered
X	VIVEKANANDA SHISHU MANDIR BISHALGARH		TBSE		2021	94%	
XII	BISHALGARH +2	BISHALGARH	TBSE	SCIENCE	2023	57.2%	
Graduation							
Others							

b. Name & Address of the College (for Bachelor Degree)

The ICFAI University TRIPURA

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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 070

Please Tick (✓) the program you wish to enroll:

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☑ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. MUSKAN ROY

Gender Male ✓

Whether You belong to SC ST OBC Minority ✓ Others [Please Tick any one(✓)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 06122004 Blood Group B(+) Mobile 9612243010

E-mail manabroy71594@gmail.com

Parent's Name Mr./Ms. MANAB ROY

Tel (Res) 7005979055 (Mobile) Nationality INDIAN

Present Address DHALESHWAR KAMAR PUKUR PAR

WARD NO 24 NO AGARTALA COLLEGE

PIN 799004 AGARTALA WEST TRIPURA

Permanent Address

"DO"

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	H.D.A H.S SCHOOL	AGARTALA	TBSE	SCIENCE	2021	96.2%	All
XII	H.D.A H.S SCHOOL	AGARTALA	TBSE	SCIENCE	2023	APPEARING	ENG, CHE, PHY, MATHS
Graduation							
Others							

Non-submission of mark

b. Name & Address of the College (for Bachelor Degree) City

The ICFAI University Tripura

Signal Paul
ID : 33.U.I.2.6.0088
IUT CAMPUS (216)
The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Application No. IUT823- 1049

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll:

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☑ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. PRAKASH PAUL

Gender ✓Male Female

Whether You belong to SC ST ✓ OBC Minority Others [Please Tick any one(✓)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 20/01/2005 Blood Group Mobile 7005312070

E-mail PPA71797S@gmail.com

Parent's Name Mr./Ms. HIRENDRA CHANDRA PAUL

Tel (Res) (Mobile) 8787442299 Nationality INDIAN

Present Address VIL:- PURBA JAMBURA P.O:-KHOWAI COURT DIST:- KHOWAI TRIPURA KHOWAI TRIPURA 799202

Permanent Address VIL:- PURBA JAMBURA P.O:- KHOWAI COURT DIST:- KHOWAI TRIPURA KHOWAI TRIPURA 799202

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Kalyanpur H School	Khowai	T.B.S.E		2021	70.4	
XII	Kalyanpur H School	Khowai	T.B.S.E	Science	2023	63	
Graduation							
Others							

Non-submission of mark sheets / proof may lead to cancellation of admission at any stage.

b. Name & Address of the College (for Bachelor Degree)

The ICFAI University Tripura

Rajesh A/R 21.1.LIT (P.21.0.10) (258) Tripura.

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO: Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0384

Please Tick (✓) the program you wish to enroll:

☐ BA English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☑ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. PRATHAMA[illegible]

Gender : ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 18/06/2004 Blood Group AB +ve Mobile 6009940948

E-mail ACHARJEEPRATHAM@GMAIL.COM

Parent's Name Mr/Ms PRABIRACHARJEE

Tel (Res) Mobile 6009940948 Nationality INDIAN

Present Address RADHANAGAR, AGARTALA, WEST TRIPURA

AGARTALA TRIPURA 799001

Permanent Address RADHANAGAR

AGARTALA TRIPURA, WEST 799001

3. ACADEMIC RECORD SCHOOL / COLLEGE

a

Class	Name of the School/College		Board/University	Stream (Science/Arts/Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	BJHS	Agartala	TBSE		2021	89%	
XII	BJHS	Agartala	TBSE	Science	2023	55%	
Graduation							
Others							

Non-submission of mark sheets will be treated as non-submission of application.

b. Name & Address of the College (for Bachelor Degree) City

The ICFAI University TRIPURA

Name: Sayana Bisw...
ID: 21IUI043006
IUT City Office (Duplicate)
The ICFAI University Tripura.

ICFAI UNIVERSITY

The ICFAI University, Tripura

Application No.
IUT823- 0618

Please submit the completed Application Form to: University Campus,
Agartala-Simna Road, PO: Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll:

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☐ B Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☑ B.Sc Mathematics(Hons)
☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. PRATYUSHA GHOSH

Gender: ☐ Male ☑ Female ☐ Transgender

Whether You belong to: SC ST OBC Any Other Others [Please Tick any one(✓)]:

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 14/05/2004 Blood Group O- Mobile 9863707714

E-mail ghoshmana171@gmail.com

Parent's Name Mr./Ms. PRASENJIT GHOSH

Tel (Res) (Mobile) 9862073748 Nationality INDIAN

Present Address VILL+PO-JOGENDRANAGAR,
KULAKAMI NIPARA
AGARTALA TRIPURA 799004

Permanent Address VILL+PO-JOGENDRANAGAR,
KULAKAMI NIPARA
AGARTALA TRIPURA 799004

3. ACADEMIC RECORD: SCHOOL / COLLEGE

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	NSV	AGARTALA	TBSE		2021	85.8%	
XII	NSV	AGARTALA	TBSE	SCIENCE	2023	78.8%	
Graduation							
Others							

b. Name & Address of the College (for Bachelor Degree)

The ICFAI University TRIPURA

Name: Tushar Banik
ID: 2021UTQ35002
UT CAMPUS (ICFAI University Tripura)

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

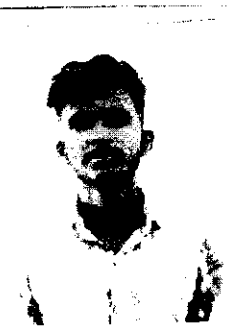
Application No. IUT823- 0802

Please submit the completed Application Form to: University Campus.
Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll:

[ ] BA English(Hons) [ ] BA Psychology(Hons) [ ] B.Sc Physics(Hons) [ ] B.Sc Chemistry (Hons) [✓] B.Sc Mathematics(Hons)
[ ] MA English [ ] MA Psychology [ ] M.Sc Physics [ ] M.Sc Chemistry [ ] M.Sc Mathematics

1 NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. RAJIB DATTA

Gender ✓Male [ ] Female

Whether You belong to [ ] SC [ ] ST [ ] OBC [ ] Others [Please Tick any one(✓)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 19072005 Blood Group [ ] Mobile 9612692746

E-mail RAJIBDATTA1234567@GMAIL.COM

Parent's Name Mr./Ms. RAKESH CHANDRA DATTA

Tel (Res) [ ] (Mobile) 8787480733 Nationality INDIAN

Present Address GANDHIGRAM SUBHAS COLONY ICDS CENTER AGARTALA TRIPURA 799012

Permanent Address GANDHIGRAM SUBHAS COLONY ICDS CENTER AGARTALA TRIPURA 799012

3. ACADEMIC RECORD: SCHOOL / COLLEGE

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Kaznagar(S)High School	Agartala	TBSE	All	2021	63.4%	All
XII	Gandhigram H.S School	Agartala	TBSE	Science	2023	61.8%	P.C.M
Graduation							
Others							

Name of the last school attended if different from above

b. Name & Address of the College (for Bachelor Degree) [ ] City

THE ICFAI UNIVERSITY TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Sonamura Road, PO: Kamalpur, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0918

BA English (Hons) BA [illegible] BBA BCA B Sc Mathematics (Hons)

MA English MA Psychology M Sc Physics M Sc Chemistry M Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. RAINA BHATTACHARJEE

Gender : ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☑ Minority ☐ Others [Please Tick any one(√)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth [illegible] Blood Group [illegible] Mobile 8787716262

E-mail rainabhattacharjee13@gmail.com

Parent's Name Mr./Ms RAKESH BHATTACHARJEE

Tel (Res) (Mobile) 8787582010 Nationality Indian

Present Address GUNDIGRAM, KATALTOLI

AGARTALA TRIPURA 799012

Permanent Address [illegible]

AGARTALA KHILA 799012

3. ACADEMIC RECORD: SCHOOL / COLLEGE

a

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	TVM	Agartala	CBSE	Science	2021	73.6	5
XII	TVM	Agartala	CBSE	Science	2023	55.2	5
Graduation							
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

b Name & Address of the College (for Bachelor Degree) Or

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Application No.

IUT823- 0479

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll:

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☑ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. ROHIT SINGHA

Gender : ✓Male

Whether You Belong to [illegible] Quota [Please Tick any one(✓)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 22/2/2004 Blood Group Mobile 9863352315

E-mail

Parent's Name Mr./~~Ms.~~ PUSPENDU SINHA

Tel (Res) (Mobile) 8798923020 Nationality INDIAN

Present Address VILL-CHHECHHURIA, PO-CHHECHHURIA, PS-SIDHAI, SUB-MOHANPUR, MOHANPUR TRIPURA 799210

Permanent Address VILL-CHHECHHURIA, PO-CHHECHHURIA, PS-SIDHAI, SUB-MOHANPUR MOHANPUR TRIPURA 799210

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
~~X~~			CBSE		2021	73%	
✓XII	TRIPURESWARI VIDYA MANDIR		CBSC	SCIENCE	2023	53.4%	
Graduation							
Others							

Non-submission of mark sheets / provisional certificate / Last Institution Leaving Certificate may lead to cancellation of admission.

b. Name & Address of the College (for Bachelor Degree) City

THE ICFAI UNIVERSITY TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 1102

Please Tick (✓) the program you wish to enroll

☐ BA English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☐ B.Sc Chemistry(Hons) ✓ B.Sc Mathematics(Hons)

☐ MA English ☐ MA ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. SALKA DEBBARMA

Gender : ☐ Male ✓ Female ☐ Transgender

Whether You belong to ☐ SC ✓ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 02/06/2003

E-mail Sabdvarma6@gmail.com

Parent's Name Mr./Ms ANIL DEBBARMA

Tel (Res) _____ (Mobile) 9362079322 Nationality INDIAN

Present Address VILL-LEFUNGA PO/PS-LEFUNGA WEST TRIPURA PIN-799210 AGARTALA TRIPURA 799210

Permanent Address

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	SACRED FOUNDATION HIGH SCHOOL	LEFUNGA	CBSE		2021	76.4	ENG, MATH, SCIENCE, INFORMATION TECHNOLOGY
XII	ASSAM RIFLES PUBLIC SCHOOL	AGARTALA	CBSE	SCIENCE	2023	54.6	ENG, MATH, PHYSICS, CHEMISTRY
Graduation							
Others							

Non submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree)

The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0438

Please Tick (✓) the program you wish to enroll:

☐ BA English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☑ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. SANCHITA BANIK

Gender : Male ✓Female Transgender

Whether You belong to ___ SC ___ ST ___ OBC ___ Minority ✓ Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 31012005 Blood Group O+ Mobile 8974877073

E-mail BANIKSANCHITA109@gmail.com

Parent's Name Mr./Ms SHARMILA BANIK

Tel (Res) 7085160310 (Mobile) 9612821301 Nationality INDIAN

Present Address SURYAMANINAGAR AGARTALA WEST TRIPURA 799130

Permanent Address SURYAMANINAGAR AGARTALA TRIPURA 799130

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Sri Sri Ravishankar Vidya Mandir	Agartala	CBSE		2021	81.4%	407
XII	Sri Sri Ravishankar Vidya Mandir	Agartala	CBSE	Science	2023	55.2%	276
Graduation							
Others							

Non-submission of mark sheets/ grade sheets/ other certifications may lead to rejection of application.

b. Name & Address of the College (for Bachelor Degree)

The ICFAI University Tripura

CUT HERE

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Application No. IUT823- 11651

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll:

☐ *BA. English(Hons)* ☐ *BA Psychology(Hons)* ☐ *B.Sc Physics(Hons)* ☐ *B.Sc Chemistry (Hons)* ☑ *B.Sc Mathematics(Hons)*

☐ *MA English* ☐ *MA Psychology* ☐ *M.Sc Physics* ☐ *M Sc Chemistry* ☐ *M.Sc Mathematics*

1. NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. SANDEEP PAUL

Gender : ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ☑ Others [Please Tick any one(✓)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 20/02/2005 Blood Group O(+) Mobile 9366152149

E-mail paulsandeep72@gmail.com

Parent's Name Mr./Ms. DILIP PAUL

Tel (Res) _____ (Mobile) 9862212379 Nationality Indian

Present Address Bhattapukur near Apanjan Club, Agartala, Tripura (W) Agartala Tripura

Permanent Address De

3. ACADEMIC RECORD: SCHOOL / COLLEGE

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	PVM	Agartala	CBSE		2021	83.8	5
XII	PVM	Agartala	CBSE	Science	2023	71.8	6
Graduation							
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree) City

CUT HERE

The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO: Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

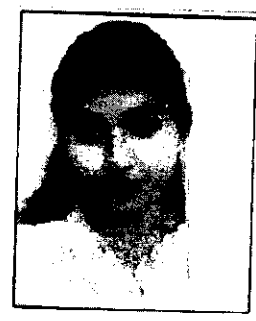
Application No. IUT823- 0301

[Please ✓ the programme you wish to enroll]

[ ] BA English(Hons) [ ] BA [illegible] [ ] [illegible] [ ] [illegible] [ ] [illegible] [ ] [illegible] [ ] [illegible] [✓] B.Sc Mathematics(Hons)

[ ] MA English [ ] MA [illegible] [ ] MA [illegible] [ ] M.Sc [illegible] [ ] M.Sc Mathematics

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. SANGITA RAKSHIT

Gender : [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [ ] OBC [ ] Minority [—] Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 24/12/2004 Gender F Aadhaar No. 119060006

E-mail sangitamakshitsangitamakshit1@gmail.com

Parent's Name Mr./Ms. BAPI RAKSHIT

Tel (Res) (Mobile) 8974599311 Nationality INDIAN

Present Address SIDMAI MOHANPUR, WEST TRIPURA

PO-TARAPUR PS-SIDMAI

AGARTALA TRIPURA 799211

Permanent Address SIDHA MOHANPUR, WEST TRIPURA

PO-TARAPUR PS-SIDMAI

AGARTALA TRIPURA 799211

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	TARAPUR H.S School	Agartala	TBSE		2021	86.2%	
XII	Bandowati High School	Agartala	TBSE	Science	2023	70.8%	PCMB
Graduation							
Others							

Non submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree): ICFAI UNIVERSITY TRIPURA, KAMALGHAT, AGARTALA

The ICFAI University Tripura

Bishal Roy
2210701911
(22)

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- (176)

Please Tick (✓) the program you wish to enroll:

☐ BA English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☑ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. ✓ SAPTADIPA MAJUMDAR

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(✓)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 18/09/2004 Blood Group A (+)ve Mobile 8974401619

E-mail Samankmajumdar1964@gmail.com

Parent's Name Mr./Ms. ✓ SAMAR KANTI MAJUMDAR

Tel (Res) Nationality INDIAN

Present Address VILL→KARAILONG PO→KARAILONG SUB-DIVISION→TELIAMURA DIST→KHOWAI TELIAMURA TRIPURA PIN→799205

Permanent Address VILL→KARAILONG P.O→KARAILONG P.S→TELIAMURA; SUBDIVISION→TELIAMURA DIST→KHOWAI TRIPURA PIN→799205

3. **ACADEMIC RECORD: SCHOOL**

a.

	Name of Board/University	Year of Passing	% of Marks / CGPA	Subjects covered
X	TEMHSS TELIAMURA TBSE	2021	74.4%	TENT. BENG, M
XII	TEMHSS TELIAMURA CBSE SCIENCE	2023	61.2%	SCIENCE (S.S ENG. PHY C MATHS BIO
Graduation				
Others				

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree) THE ICFAI UNIVERSITY, TRIPURA, ADMIN. BLOCK, P.O→KAMALGHAT, DIST→AGARTALA City AGARTALA

THE ICFAI UNIVERSITY TRIPURA

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ICFAI UNIVERSITY TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8415952506, Fax 0381-2865752/62

Application form

EDUCATION PROGRAMS

Courses offered:

BSC-Mathematics (Hons.)

PERSONAL DETAILS

Admission Number: IUTON-823-124

Student Name: SHNEHA ROY

(As per the 10+2 Certificate)

Father Name: LATE BIRENDRA KISHOR ROY

Mother Name: SMRITI ROY

Date of Birth: 27/03/2005

Blood Group: B+

Identification Marks:

(As per the SSC Certificate)

1. -
2. -

Marital Status: Unmarried

Mother Tongue: BENGALI

SSC / X H.T.No: -

Nationality: Indian

Aadhar Card No: 230945532806

Student Mobile: 8730874068

Student E-mail: sneharoy41778@gmail.com

Father Mobile: 9862982149

Mother Mobile: 9862982149

Gender: Female

Community: OBC

Location: Agartala City Office

COMMUNICATION DETAILS

Permanent Address		
Country: India	**State:** Tripura	**District:** Unakoti
H.No: H.No	**Locality:** KAILASHAHAR	**Village/City:** KAULIKURA
Pincode: 799280	**Tel: (R):** -	**(O)** -
Address for Communication		

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application No. IUT823- 0638

Please Tick (✓) the program you wish to enroll

[ ] BA. English(Hons) [ ] BA Psychology(Hons) [ ] B.Sc Physics(Hons) [ ] B.Sc Chemistry (Hons) [✓] B Sc Mathematics(Hons)

[ ] MA English [ ] MA Psychology [ ] M.Sc Physics [ ] M.Sc Chemistry [ ] M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr/Ms SHUBHAM DEB

Gender: [✓] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [ ] OBC [ ] Minority [✓] Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 08/12/2006 Blood Group B+ve Mobile 8090552655

E-mail Sdeb12217@gmail.com

Parent's Name Mr/Ms BINOY DEB

Tel (Res) 9954626350 Nationality INDIAN

Present Address Gurkhabasti Kunjaban Agartala West Tripura P.O- Gurkhabasti P.S.- NCC PS 799006

Permanent Address Gurkhabasti Kunjaban Agartala West Tripura P.O- Gurkhabasti P.S- NCC PS 799006

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of School	Board / University	Subjects (Science/Arts/Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Bidyodaya Vidyalaya	Agartala	CBSE	Science	2022	80%
XII	Vidyodaya Vidyalaya	Agartala	CBSE	Science	2023	65.2%
Graduation						
Others						

Note: Submission of mark sheets, grade [illegible] is mandatory, failing which your application form

b. Name & Address of the College (for Bachelor Degree) City

The ICFAI University TRIPURA

CUT HERE

Name ...Sohan Ghosh
ID ...21U21.0.21.00289
(141)

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0404

Please Tick (✓) the program you wish to enroll:

☐ BA English(Hons) ☐ BA Psychology(Hons) ☐ B Sc Physics(Hons) ☐ B Sc Chemistry (Hons) ☑ B Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M Sc Physics ☐ M Sc Chemistry ☐ M Sc Mathematics

1 NAME OF THE APPLICANT [as mentioned in the School Certificates]

Mr./Ms. SNEHA DEBNATH

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(s)]

Paste a recent color photograph of size 3.5 x 4.5 cms The photograph must not be larger than this box. Do not sign on the photograph and do not staple

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth [illegible] Blood Group [illegible] Mobile [illegible]26

E-mail [illegible]

Parent's Name Mr./Ms. [illegible]

Tel (Res) [illegible] (Mobile) 6909849640 Nationality Indian

Present Address [illegible]

[illegible] 799285

Permanent Address [illegible]

[illegible] 799285

3. ACADEMIC RECORD, SCHOOL / COLLEGE

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	[illegible]	[illegible]	TBSE		2021	71.6%	
XII	[illegible]	[illegible]	CBSE	[illegible]	2023	62.4%	
Graduation							
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree)

The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

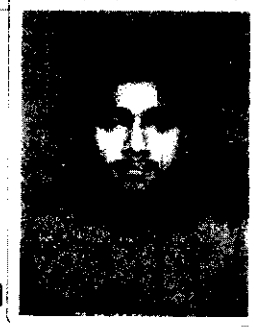
Application No. IUT823- 0941

Please Tick (✓) the program you wish to enroll:

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☐ B Sc Chemistry (Hons) ☑ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1 **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. SOURAB SARKAR

Gender ✓ Male Female

Whether You belong to SC ST ✓ OBC Minority Others [Please Tick any one(✓)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 19 10 2004 Blood Group Mobile 9362672602

E-mail Sourabsarkar2004@gmail.com

Parent's Name Mr./Ms. RAKHIBAUL SARKAR

Tel (Res) Mobile 9233109726 Nationality INDIAN

Present Address Kanchanmala Bazar

Dukli- Kanchanmala

Agartala Tripura 799130

Permanent Address Kanchanmala Bazar

Dukli- Kanchanmala

Agartala Tripura 799130

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects Covered
X	I.C.R.K H/S School	Kanchanmala	TBSE	NIL	2021	93.6	
XII	Sekerkot H/S School	Sekerkot	TBSE	Science	2023	53.8	
Graduation							
Others							

Non submission of marks or mark sheets/ grade sheets of all exams mentioned above may lead to rejection of application form.

b Name & Address of the College (for Bachelor Degree)

The ICFAI University Tripura

Name- Sudipta Kumar...
22IUT036026
...ICFAI University (3P2)

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO: Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0667

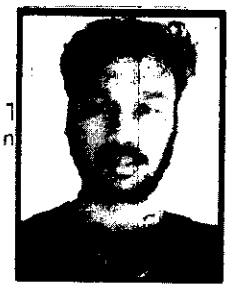
Please Tick (✓) the program you wish to enroll:

[ ] BA. English(Hons) [ ] BA Psychology(Hons) [ ] B Sc Physics(Hons) [ ] B Sc Chemistry (Hons) [✓] B.Sc Mathematics(Hons)

[ ] MA English [ ] MA Psychology [ ] M.Sc Physics [ ] M.Sc Chemistry [ ] M Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. TANMOY DAS



Gender [✓] Male [ ] Female [ ] Transgender

Whether You belong to [✓] SC [ ] ST [ ] OBC [ ] Minority [ ] Others (Please Tick any one(✓))

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 27/12/2002 Blood Group O+ Mobile 8131865525

E-mail TANMOYBA814

Parent's Name Mr./Ms. DHIRENDRA CH DAS

Tel (Res) (Mobile) 6909886766 Nationality ~~HINDU~~ INDIAN

Present Address KALACHARI KAMALPUR DHALI TRIPURA
PO MANIKBHANDER PS KAMALPUR
KAMALPUR TRIPURA 799287

Permanent Address KALACHARI KAMALPUR DHALI TRIPUR
A PO MANIKBHANDER PS KAMALPUR
KAMALPUR TRIPURA

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	KAMALPUR HOUT ENG HS School	KAMALPUR	TBSE	SCIENCE	2020	55.1	5
XII	KAMALPUR HOUT ENG HS School	KAMALPUR	CBSE	Science	2022	56.2	5
Graduation							
Others							

b Name & address of the College (for Bachelor Degree) City

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The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0623

Please Tick (✓) the program you wish to enroll:

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☑ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) (As it appears in the School Certificates)

Mr./Ms. TIMIR SARKAR

Gender: ☑ Male ☐ Female ☐ Transgender

Whether You belong to: ☑ SC ☐ ST ☐ OBC ☐ Minority ☐ Others (Please Tick any one(√))

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 16042005 Blood Group A+ Mobile 8787491013

E-mail sankarjimi1516@gmail.com

Parent's Name Mr./Ms. Sujit Sankar

Tel (Res) (Mobile) 6009822123 Nationality Indian

Present Address Kakrabon Kishoreganj Gomati Tripura

Permanent Address Udaipur Gomati Tripura

3 a **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks/ CGPA	Subjects covered
X	Udaipur English medium H/S School	Udaipur	TBSE		'21	75%	
XII	Udaipur English medium	Udaipur	CBSE	Science	2023	63%	
Graduation							
Others							

Non submission of mark sheet/ grade sheets of all examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree) City

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN–799210, Tel: 0381- 2865752/62 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Date:-09/05/2023

Name	: -	TOMA DAS
Father Name	: -	HIRON DAS
Mother's Name	: -	SUBITA DAS
Address	: -	BHOLACHONG, WARD NO-09 NABINAGAR, BHOLACHONG-3410 BRAHMANBARIA, BANGLADESH +8801765229780
Passport No	: -	A05784277
Date of Issue	: -	20/11/2022 **Date of Expiry** : -19/11/2032
Date of Birth	: -	28/08/2001

Selection Notified
BSC-Mathematics (Hons.)
Application No
IUTON-823-088

LOCAL GUARDIAN : - BISWAJIT SARKAR, VILL: - JOYNAGAR, GANGAL ROAD, AGARTALA DISTRICT: - WEST TRIPURA, STATE: - TRIPURA, PIN: - 799001, PH NO- 7005488167.

SUBJECT : - OFFER FOR ADMISSION INTO **BSC-Mathematics (Hons.)**PROGRAM 2023-2024.

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the interview**, we are happy to offer you **provisional admission** into 3 years **BSC-Mathematics (Hons.)** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by 31-07-2023. The fee has to be paid by DD in favour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY** address mentioned in the Prospectus.

FEE STRUCTURE	
ADMISSION FEE	300$
SEMESTER FEE	450$
CAUTION DEPOSIT	200$
TOTAL	**950$**

Wishing you all the best!

Admission Officer
ICFAI UNIVERSITY, TRIPURA

AP Name: Somanchal Sutradhar
ID: 8731022647
IUT Category: (1.2.2) Tripura

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 040

Please Tick (✓) the program you wish to enroll:

☐ BA English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☑ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. ARGHYA DEEP LASKAR

Gender: ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ☑ Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 01/12/2004 Blood Group [illegible] Mobile 8787574852

E-mail arghyadeplaskar57@gmail.com

Parent's Name Mr./Ms. ASHOK LASKAR

Tel (Res.) [illegible] Nationality Indian

Present Address BADHARGHAT, NEARBY AMAR INDUSTRY

AGARTALA TRIPURA 799005

Permanent Address BADHARGHAT, NEARBY AMAR INDUSTRY

AGARTALA TRIPURA 799005

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of School / College	Board / University	Science / Arts / Commerce	Year of Passing	% of Marks / CGPA	Subjects covered
X	BIS School Subhasnagar	C.B.S.E	Science	2021	61.6	5
XII	MHSS Agartala	C.B.S.E	Science	2023	65.6	
Graduation						
Others						

Non-submission of mark sheets / grade sheets of all examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree) City Pin

The ICFAI University TRIPURA

CUT HERE

Name: Anjana Shil (OS)
ID: 70.05.020295
IUT Campus
University Tripura.

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus,
Agartala Sonna Road, PO: Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application No. IUT823- U751

Please Tick (✓) the program you wish to enroll

[ ] BA. English(Hons) [ ] BA Psychology(Hons) [ ] B.Sc Physics(Hons) [ ] B.Sc Chemistry (Hons) [ ] B.Sc Mathematics(Hons)
[ ] MA English [ ] MA Psychology [ ] M.Sc Physics [✓] M.Sc Chemistry [ ] M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. ABHISHEK CHOUDHURY

Gender : [✓] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [✓] OBC [ ] Minority [ ] Others [Please Tick any one(✓)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 08/02/2001 Blood Group B+ Mobile 8413855303

E-mail abhishekchoudhury10612@gmail.com

Parent's Name Mr./Ms. ABINASH CHOUDHURY

Tel (Res) (Mobile) 8413855303 Nationality INDIAN

Present Address Kalyanpur Bazar
P.S + P.O. Kalyanpur
Khowai Tripura 799203

Permanent Address Kalyanpur Bazar
P.S. + P.O. Kalyanpur
Khowai Tripura 799203

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	B.T.V.M.	Agartala	C.B.S.E	Science	2016	9.2	SC, Hindi, Sc. E
XII	B.T.V.M.	Agartala	C.B.S.E		2018	61.8	PHY, CHEM, M
Graduation	D.D.M.C.	Khowai	T.U.		2023		CHEM HONS, B E
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree): Dasaratha Deb Memorial College, City Khowai, State Tripura, PIN 799201

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The ICFAI University, Tripura

(Established under Section 3(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalgarh, Dist. Agartala PIN 799210 ☎ Tel: 0381-2860752/662 Fax: 2865756
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
M.Sc. Chemistry
Application No
IUT-823-11670

AJOY BASU

-

11-09-2023

SUBJECT: OFFER FOR ADMISSION INTO M.Sc. Chemistry PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **2 years M.Sc. Chemistry** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **01-10-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **M.Sc. Chemistry** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

11/09/2023

Admissions Officer
Faculty of Science and Technology
ICFAI University Tripura

Admission Officer
ICFAI University, Tripura

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

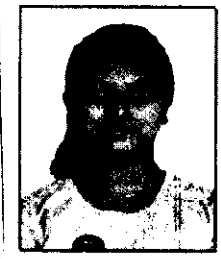
Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 11687

Please Tick (✓) the program you wish to enroll.

[ ] BA. English(Hons) [ ] BA Psychology(Hons) [ ] B.Sc Physics(Hons) [✓] B.Sc Chemistry (Hons) [ ] B.Sc Mathematics(Hons)
[ ] MA English [ ] MA Psychology [ ] M.Sc Physics [✓] M.Sc Chemistry [ ] M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. ✓ AKHANGSHA PAUL

Gender : [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [ ] OBC [ ] Minority [✓] Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 07/12/2001 Blood Group Mobile 7005819394

E-mail akhangshapaul...@gmail.com

Parent's Name Mr./Ms. KAMAL KANTI PAUL

Tel (Res) _____ (Mobile) 9436136567 Nationality INDIAN

Present Address JOGENDRANAGAR KATASHEWLA
AGARTALA WEST TRIPURA
AGARTALA TRIPURA 799004

Permanent Address JOGENDRANAGAR KATASHEWLA
AGARTALA WEST TRIPURA
AGARTALA TRIPURA 799004

3. a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Holy Cross school	Agartala	I.C.S.E	All	2018	86.2 %	
XII	Hindi Higher Secondary School	Agartala	C.B.S.E	Science	2020	82.2 %	
Graduation	Women's College	Agartala	Tripura University	Chemistry Honours	2023	Result Awaited	
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form.

b. Name & Address of the College (for Bachelor Degree): WOMEN'S COLLEGE BKRd PALA
CECCM POUND BANAMALIPUR
City AGARTALA
State TRIPURA Pin 799001

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The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 1090

Please Tick (✓) the program you wish to enroll:

BA English(Hons) | BA Psychology(Hons) | B.Sc Physics(Hons) | B.Sc Chemistry (Hons) | B.Sc Mathematics(Hons)

MA English | MA Psychology | M.Sc Physics | ✓ M.Sc Chemistry | M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. BAJITA DEBNATH

Gender : Male ✓ Female Transgender

Whether You belong to SC ST ✓ OBC Minority Others [Please Tick any one(✓)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 19/12/2000 Blood Group B+ Mobile 7629822021

E-mail DEBNATHBAJITA@GMAIL.COM

Parent's Name Mr./Ms. NARAYAN DEBNATH

Tel (Res) (Mobile) 7629822021 Nationality INDIAN

Present Address VILL: BARJALA P.O: BIRENDRANAGAR P.S: JIRANIA PIN: 799045 AGARTALA TRIPURA 799045

Permanent Address VILL: BARJALA P.O: BIRENDRANAGAR P.S: JIRANIA PIN: 799045 AGARTALA TRIPURA 799045

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects coverec
X	KV NIT Agartala	Agartala	CBSE	S	2018	54.2	
XII	Modern HS School	Agartala	CBSE	Science	2020	68.2	
Graduation	ICFAI University	Agartala	IUT		2023		
Others							

Non-submission of mark sheets, provisional certificates, etc. at the time of entry may lead to rejection of application form.

b. Name & Address of the College (for Bachelor Degree): ICFAI UNIVERSITY TRIPURA, KAMALGHAT, MOHANPUR, City AGARTALA, State TRIPURA, Pin 799201

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

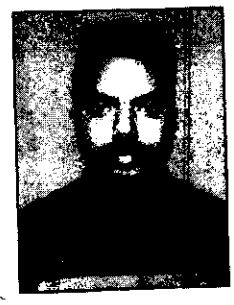
Application No. IUT823- 1084

Please Tick (✓) the program you wish to enroll

☐ BA English(Hons) ☐ BA Psychology(Hons) ☐ B Sc Physics(Hons) ☑ B Sc Chemistry (Hons) ☐ B Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☑ M Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]**



Mr./Ms. CHIRANJIT ROY.

Gender ✓ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ✓ Others [Please Tick any one(√)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 03/01/1997 Blood Group B+ve Mobile 7005683711

E-mail chiranjitr424@gmail.com.

Parent's Name Mr./Ms. DILIP KUMAR ROY.

Tel (Res) ____ (Mobile) 8974854795 Nationality Indian.

Present Address VILL: MADHYA BHUBAN BAN. P/O: WEST BHUBAN BAN. P/S: RAMNAGAR (FARI) AGARTALA TRIPURA.

Permanent Address VILL: MADHYA BHUBAN BAN. P/O: WEST BHUBAN BAN. P/S: RAMNAGAR (FARI). AGARTALA TRIPURA. 799004

3. a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	P.N.H.S.S	Agartala.	T.B.S.E	Science.	2013	66.8%	
XII	S.H.S.S	Agartala.	T.B.S.E	Science	2015	60%	
Graduation	B.B.M.C	Agartala	T.U	Chemistry (H)	2018	62.1%	
Others	B.ed	Sabang.	WBUTTEPA	Chemistry.	2021	8.65 (CGPA)	

b. Name & Address of the College (for Bachelor Degree) BIR BIKRAM MEMORIAL COLLEGE.

City AGARTALA

State TRIPURA Pin 799004.

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Application No. IUT823- 1022

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Please Tick (✓) the program you wish to enroll:

☐ BA English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☑ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☑ M.Sc Chemistry ☐ M.Sc Mathematics

1. NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. DEBASMITA DATTA

Gender: Male ✓Female Transgender

Whether You belong to: SC ST OBC Minority ✓Others [Please Tick any one(s)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 08/12/2000 Blood Group O+ Mobile 6009170374

E-mail ddatta6009170@gmail.com

Parent's Name Mr./Ms. ✓TAPATI DEB (DATTA)

Tel (Res) (Mobile) 9774347170 Nationality Indian

Present Address HOSPITAL ROAD DHARMANAGAR

NORTH TRIPURA

DHARMANAGAR TRIPURA 799250

Permanent Address HOSPITAL ROAD DHARMANAGAR

NORTH TRIPURA

DHARMANAGAR TRIPURA 799250

3. ACADEMIC RECORD: SCHOOL / COLLEGE

a.

Class	Name of the School/College	City	✓ Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	DGGHS	DHARMANAGAR	TRIPURA		2017	76.92%	7
XII	"	"	"	Science	2019	76.2%	6
Graduation	Govt Degree College, DMR	"	"	"	2023		
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form.

b. Name & Address of the College (for Bachelor Degree): DHARMANAGAR GOVT DEGREE COLLEGE, City: DHARMANAGAR, State: TRIPURA, Pin: 799250

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The ICFAI University Tripura

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO: Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

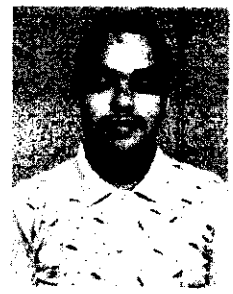
Application No. IUT823- 0860

Please tick (✓) the programme you wish to apply:

BA English (Hons) | BA Psychology (Hons) | B.Sc Physics (Hons) | ✓ B.Sc Chemistry (Hons) | B.Sc Mathematics (Hons)

MA English | MA Psychology | M.Sc Physics | ✓ M.Sc Chemistry | M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. JAYANTA SHARMA

Gender : ✓ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ✓ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 05 09 2001 Age A' Mobile 9862162040

E-mail JAYANTASHARMA108@GMAIL.COM

Parent's Name Mr./Ms. MANIK SHARMA

Tel (Res) _____ (Mobile) 9862356278 Nationality INDIAN

Present Address SANTIRBAZAR SOUTH TRIPURA

VILL- KCPARA PO- SANTIRBAZAR

SANTIRBAZAR TRIPURA 799144

Permanent Address SANTIRBAZAR SOUTH TRIPURA

VILL- KCPARA PO- SANTIRBAZAR

SANTIRBAZAR TRIPURA 799144

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Sunflower English Medium Academy	SANTIRBAZAR	TBSE		2018	75.4	All
XII	KV Bagafa	SANTIRBAZAR	CBSE	Science	2020	76.6	PCMB
Graduation	ICFAI UNIVERSITY TRIPURA	AGARTALA	ICFAI	CHEMISTRY	2023	8.6	chemistry
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form.

b

Name & Address of the College (for Bachelor Degree)

City

State Pin

The ICFAI University TRIPURA

CUT HERE

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 1045

Please Tick (✓) the program you wish to enroll.

[ ] BA English(Hons) [ ] BA Psychology(Hons) [ ] B Sc Physics(Hons) [✓] B Sc Chemistry (Hons) [ ] B Sc Mathematics(Hons)

[ ] MA English [ ] M Sc Psychology [ ] M Sc Physics [ ] M Sc Chemistry [ ] M Sc Mathematics

1. NAME OF THE APPLICANT (Use Capitals only) (As it appears in the School Certificates)

Mr./Ms JHILAM DAS

Gender: [ ] Male [✓] Female [ ] Transgender

Whether You belong to [✓] SC [ ] ST [ ] OBC [ ] Minority [ ] Others [Please Tick any one(✓)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 27.02.2001 Blood Group B+ Mobile 9077434168

E-mail jhilamdas9077@gmail.com

Parent's Name Mr./Ms DILIP DAS

Tel (Res) _____ (Mobile) 8974175855 Nationality INDIAN

Present Address PRATAPGARH BASAKPARA AGARTALA

POST-EASTPRATAPGARH WEST TRIPURA

AGARTALA TRIPURA 799004

Permanent Address PRATAPGARH BASAKPARA AGARTALA

PO-EASTPRATAPGARH WESTTRIPURA

AGARTALA TRIPURA 799004

3. ACADEMIC RECORD: SCHOOL / COLLEGE

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	R.K.A.V.M	AGARTALA	T.B.S.E	ALL	2017	68%	ALL
XII	M.G.M. H+2	AGARTALA	T.B.S.E	SCIENCE	2019	61%	
Graduation	B.B.M.C	AGARTALA	M.B.B.V	B.S.C. (GEN)	2022	64%	
Others							

Non-submission of 'mark sheets' under streams of all eleven heights may lead to rejection of application form.

b. Name & Address of the College (for Bachelor Degree) BIRBIKRAM MEMORIAL COLLEGE

City AGARTALA

State TRIPURA Pin 799004

The ICFAI University TRIPURA

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

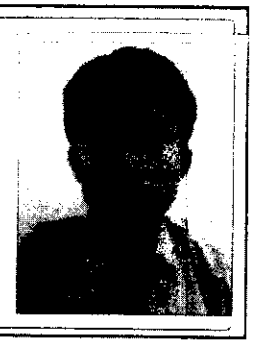
Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 1103

Please Tick (✓) the program you wish to enroll:

[ ] BA English(Hons) [ ] BA Psychology(Hons) [ ] B.Sc Physics(Hons) [✓] B.Sc Chemistry (Hons) [ ] B.Sc Mathematics(Hons)
[ ] MA English [ ] MA Psychology [ ] M.Sc Physics [✓] M.Sc Chemistry [ ] M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. KWINAR DEBBARMA

Gender : [✓] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority [ ] Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 07/01/2002 Blood Group AB+ Mobile 7085769240

E-mail debbarmakwinha9797@gmail.com

Parent's Name [✓] Mr./Ms. PRADIP DEBBARMA

Tel (Res) (Mobile) 7085769240 Nationality INDIAN

Present Address EAST RAMNAGAR, KAMALGHAT

AGARTALA TRIPURA 799210

Permanent Address EAST RAMNAGAR, KAMALGHAT

AGARTALA TRIPURA 799210

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Saint Anselm School	Agartala	CBSE	Science	2017	7.8	
XII	Hindi High School	Agartala	CBSE	Science	2020	6.0	
Graduation	Tripura University	Agartala		Science	2023		
Others							

Non-submission of mark sheets, pass certificate and provisional / migration certificate may result in rejection of application form.

b. Name & Address of the College (for Bachelor Degree) ICFAI UNIVERSITY

City AGARTALA

State TRIPURA Pin 799

The ICFAI University TRIPURA

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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

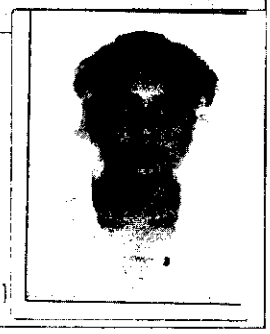
Application No. IUT823- 0774

Please Tick (✓) the program you wish to enroll:

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☑ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. PARAMITA PATWARY

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ☑ Others [Please Tick any one(✓)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 06/08/1999 Blood Group ____ Mobile 7019749256

E-mail paramitapatwarybln@gmail.com

Parent's Name Mr./Ms. MIHIR PATWARY

Tel (Res) ____ (Mobile) 9612983157 Nationality INDIAN

Present Address VILL:-RABINDRA PALLI,
P.O:-BELONIA
DIST:-SOUTH TRIPURA

Permanent Address VILL:-RABINDRA PALLI
P.O:-BELONIA
DIST:-SOUTH TRIPURA

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Belonia Vidyapith	Belonia	TBSE		2016	77.8	
XII	Do	Do	T.B.S.E	Science	2018	65.6	
Graduation	I.C.V College, Belonia	Do	T.B.S.E	Science	2021	6.72	Chemistry
Others							

Non submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree): ISWAR CHANDRA VIDYASAGAR COLLEGE, BELONIA, State TRIPURA Pin 799155

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The ICFAI University TRIPURA

The ICFAI University, Tripura

Established under Sec 3(f) of the Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalpur Sonai Agartala PIN 799210 ☎ Tel: 0381-2865752/2862 Fax: 2865754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
M.Sc. Chemistry
Application No
IUT-823-0932

PRITAM SARKAR

30-08-2023

-

SUBJECT: OFFER FOR ADMISSION INTO M.Sc. Chemistry PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **2 years M.Sc. Chemistry** program.

In order to **complete** the admission process you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **19-09-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **M.Sc. Chemistry** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

30/08/23

Admissions Officer
Faculty of Science and Technology
ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

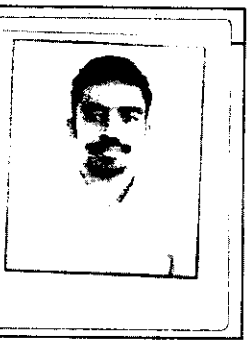
Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0523

Please Tick (✓) the program you wish to enroll:

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)
☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☑ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. RAKESH CHAUDHURI

Gender : ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ☑ Others [Please Tick any one(√)]

UR

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 04.06.1996 Blood Group O+ Mobile 8131046322

E-mail rakeshchaudhuri4747@gmail.com

Parent's Name Mr./Ms. DIPAK CHAUDHURI

Tel (Res) (Mobile) 9863316723 Nationality INDIAN

Present Address Same as Permanent

Permanent Address VILL: KRISHNANAGAR PO: KRISHNANAGAR
DIST: SOUTH TRIPURA PIN 799156
TRIPURA 799156

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	KRISHNANAGAR HS	KRISHNANAGAR	TBSE		2012	63.6%	
XII	ARYA COLONY HS	BELONIA	TBSE	SCIENCE	2014	56.8%	
Graduation	J.C.V COLLEGE	BELONIA	TU	CHEMISTRY	2018	6.24	
Others							

Non-submission of mark sheets will be treated as non-submission of this application form

b. Name & Address of the College (for Bachelor Degree)

City

State Pin

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The ICFAI University TRIPURA

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalpur (near Agartala), PIN -799210, ☎ Tel: 0381-2865752/62 Fax: 2865754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
M.Sc. Chemistry
Application No
IUT-823-0939

SHOUMMYADEEP PAUL

-

07-09-2023

SUBJECT: OFFER FOR ADMISSION INTO M.Sc. Chemistry PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **2 years M.Sc. Chemistry** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **27-09-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **M.Sc. Chemistry** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

7/09/23

Admissions Officer
Faculty of Science and Technology
ICFAI University Tripura

Admission Officer
ICFAI University Tripura

The ICFAI University TRIPURA

ID: IUT CAMPUS The ICFAI University Tripura.

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Sonamura Road, PO: Kunjaban, Mantripur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0861

Please Tick (✓) the program you wish to enroll:

BA English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)
☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☑ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. SOLANKI CHOWDHURY

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ☑ Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 22/07/2001 Blood Group A (+)ve Mobile 6009629526

E-mail solanki2001a@gmail.com

Parent's Name Mr./Ms. JIBANKRISHNA CHOWDHURY

Tel (Res) ____ (Mobile) 9402354513 Nationality INDIAN

Present Address FULCHARIKAMALPURDHALAITRIPURA

AGARTALA TRIPURA 799285

Permanent Address FULCHARIKAMALPURDHALAITRIPURA

AGARTALA TRIPURA 799285

3. a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Kamalpur Govt. Eng. Med. Class III School	Kamalpur	TBSE		2018	78.8	All
XII	Sri Sri Ramshankar Vidya Mandir	Agartala	CBSE	Science	2020		PCMB
Graduation	ICFAI	Agartala	ICFAI	Science	2023	7.4	chemistry(Hons)
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form.

b. Name & Address of the College (for Bachelor Degree)

City

State Pin

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The ICFAI University TRIPURA

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0534

Please Tick (✓) the program you wish to enroll.

☐ BA English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☑ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. SUBHRADEEP GON

Gender : ☑ Male ☐ Female ☐ Transgender

Whether You belong to : ☐ SC ☐ ST ☐ OBC ☐ Minority ☑ Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 14/2/1999 Blood Group B+ Mobile 9856884243

E mail subhadeepgon@gmail.com

Parent's Name Mr./Ms. BABUL GON

Tel (Res) _____ (Mobile) 6009690718 Nationality INDIAN

Present Address RAMESH CHOWHUHANI

UDAIPUR TRIPURA 799120

Permanent Address

〃 〃 DO 〃 〃

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	K.B. Institution	Udaipur	TBSE		2016	65.43%	All
XII	K.B. Institution	Udaipur	TBSE	Science	2018	65%	
Graduation	NSM	Udaipur	TU	Chemistry (Hons)	2021	6.09	
Others							

Non-submission of mark sheets/ grade sheets of all exams mentioned may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree)

City

State Pin

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The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

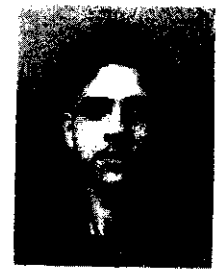
Application No. IUT823- 0967

Please Tick (✓) the program you wish to enroll:

☐ BA English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☒ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. A G H I J I T D E B N A T H

Gender ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 23042002 Blood Group B+ Mobile 9366565619

E-mail ABHIJITSBM2002@GMAIL.COM

Parent's Name Mr./Ms. KRISHNA [illegible] DEBNATH

Tel (Res) Mobile 9774153391 Nationality INDIAN

Present Address JAYNAGAR

AGARTALA TRIPURA 799001

Permanent Address SABROOM SOUTH TRIPURA

SABROOM TRIPURA 799145

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School / College		Board	School / Subjects Offered	Year of Passing	% of Marks / CGPA	Subjects covered
X	BRAJENDRANAGAR H.S. SCHOOL	SABROOM	TBSE		2018	73.4	5
XII	PRACHYABHARATI H.S. SCHOOL	AGARTALA	TBSE	Science	2020	68	5
Graduation	ICFAI UNIVERSITY TRIPURA			Science	2023		
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

Name & Address of the College (for Bachelor Degree) ICFAI UNIVERSITY TRIPURA

City KAMALGHAT

State TRIPURA Pin

The ICFAI University TRIPURA

Bhagirath Sarkar
9862702094
Emp. ICFAI

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mahanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0696

Please Tick (✓) the program you wish to enroll:

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☒ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]**

Mr./Ms. AMPITA SARKAR

Gender ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☑ SC ☐ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 24/12/2004 Blood Group A+ Mobile 9863709936

E-mail ampitasarkar525@gmail.com

Parent's Name ☑ Mr./Ms. BHAGIRATH SARKAR

Tel (Res) _____ (Mobile) 9862702094 Nationality Indian

Present Address NARSHINGARH

AGARTALA INDIA TRIPURA 799015

Permanent Address ANANGANAGAR NARSHINGAR

AGARTALA INDIA TRIPURA 799015

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	NARSHINGARH H.S school	Agartala	TBSC		2021	84%	
XII	NARSHINGAR H.S school	Agartala	TBSC	Science	2023	61%	
Graduation							
Others							

Note: Students who are pursuing the class XII / Graduation may submit their Mark Sheets after applying for the program.

b. Name & Address of the College (for Bachelor Degree) NARSHINGAR HIGHER SECONDARY SCHOOL

City NARSHINGAR

State TRIPURA Pin 7

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0441

Please Tick (✓) the program you wish to enroll:

[ ] BA. English(Hons) [ ] BA Psychology(Hons) [ ] B.Sc Physics(Hons) [✓] B.Sc Chemistry (Hons) [ ] B.Sc Mathematics(Hons)

[ ] MA English [ ] MA Psychology [ ] M.Sc Physics [ ] M.Sc Chemistry [ ] M.Sc Mathematics

1. NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr/Ms ANGAJIT SARKAR

Gender [✓] Male [ ] Female [ ] Transgender

Whether You belong to [✓] SC [ ] ST [ ] OBC [ ] Minority [ ] Others [Please Tick any one(√)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 20042005 Blood Group O+ve Mobile 9366748482

E-mail angajit2005@gmail.com

Parent's Name Mr/Ms. ANJAN SARKAR

Tel (Res) 9485011946 Nationality INDIAN

Present Address BHATI ABHOY NAGAR, PASCHIM PARA AGARTALA WEST TRIPURA 799001

Permanent Address VILL KARKARI, PS TELIAMURA PO-HOWAIBARI, DIST. KHOWAI TRIPURA 799205

3. a ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	ASSAM RIFLES PUBLIC SCHOOL	AGARTALA	CBSE	Science	2021	59.2%	Eng, Hindi, Maths, SST, Sc
XII	MODERN HS SCHOOL	AGARTALA	CBSE	Science (PCB)	2023	58.6%	Eng, Physics,
Graduation							
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree)

City Pin

State

The ICFAI University TRIPURA

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(1)

AP
Name : Dwaipayan Datta
ID : 300313334 (App)
IUT City Office
The ICFAI University Tripura.

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Sonna Road, P.O. Komalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0717

Please Tick (✓) the program you wish to enroll:

☐ *BA. English(Hons)* ☐ *BA Psychology(Hons)* ☐ *B.Sc Physics(Hons)* ☑ *B.Sc Chemistry (Hons)* ☐ *B.Sc Mathematics(Hons)*

☐ *MA English* ☐ *MA Psychology* ☐ *M.Sc Physics* ☐ *M.Sc Chemistry* ☐ *M.Sc Mathematics*

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. ANUSKA DATTA

Gender ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(✓)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 26/11/2004 Blood Group A+ Mobile 9862770166

E-mail dattaagsanuska@gmail.com

Parent's Name Mr./Ms LITAN DATTA

Tel (Res) (Mobile) 9436128403 Nationality INDIAN

Present Address BADHARGHAT NETAJI PALLI

P.O. MADHUBAN DUKLI

AGARTALA TRIPURA WEST 799003

Permanent Address AS ABOVE

3. ACADEMIC RECORD: SCHOOL / COLLEGE

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Auxilium Girls School	AGT.	CBSE		2021	69.8%	
XII	"	"	"	Science	2023	64.8%	
Graduation							
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree)

Pin

The ICFAI University TRIPURA

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Bishwajit Saha
22/UT/B.Sc/Chem/23
(65)

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala Simna Road, PO Kamalghat, Mohanpur, Agartala 799 210, Tripura (West).

Application No. IUT823- 0269

Please Tick ✓ the program you wish to enroll

[ ] BA English(Hons) [ ] BA Psychology(Hons) [ ] B.Sc Physics(Hons) [✓] B.Sc Chemistry (Hons) [ ] B.Sc Mathematics(Hons)

[ ] MA English [ ] MA Psychology [ ] M.Sc Physics [ ] M.Sc Chemistry [ ] M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. ARGHYA BHOWMIK

Gender : [✓] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [✓] OBC [ ] Minority [ ] Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 14/01/2005 Blood Group O+ Mobile 7628890646

E-mail arghyadebnath19833@gmail.com

Parent's Name Mr./Ms. KHOKAN BHOWMIK

Tel (Res) (Mobile) 7628913480 Nationality Indian

Present Address Ambagan, Bisalgarh (Near Satsang Ashram)

TRIPURA 799102

Permanent Address Nanauna, Bisalgarh

TRIPURA 799102

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Vivekananda Shishu Vikesan	Bisalgarh	T.B.S.E		2021	85.6%	all
XII	Do	Do	DO	Science	2023	69.5%	all
Graduation							
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree)

City

State Pin

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Sonma Road, PO: Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0964

Please Tick (✓) the program you wish to enroll:

☐ BA English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☑ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. BAISHAKHI NATH

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 03/02/04 Blood Group B+ Mobile 9362714972

E-mail nathbaishakhi6@gmail.com

Parent's Name Mr./Ms. SANJIT KUMAR NATH

Tel (Res) (Mobile) Nationality INDIAN

Present Address KAJA RAM MAJUMDAR ROAD

DHARMANAGAR TRIPURA 799250

Permanent Address NORTH NAYAPARA

DHARMANAGAR TRIPURA 799250

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Sishu Bhavan Girls' Higher Secondary School	Dharmanagar	CBSE		2021	93.8%	
XII	Golden Valley High School	Dharmanagar	CBSE	Science	2023	71.2%	
Graduation							
Others							

Non-submission of mark sheet/ grade sheet of all examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree)

State Pin

The ICFAI University TRIPURA

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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

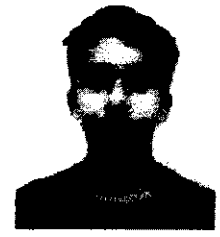
Application No. IUT823- 0972

Please Tick (✓) the program you wish to enroll:

[ ] BA English(Hons) [ ] BA Psychology(Hons) [ ] B Sc Physics(Hons) [✓] B Sc Chemistry (Hons) [ ] B Sc Mathematics(Hons)

[ ] MA English [ ] MA Psychology [ ] M Sc Physics [ ] M Sc Chemistry [ ] M Sc Mathematics

1 **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. SUSMITA DAS

Gender: [✓] Male [ ] Female [ ] Transgender

Whether You belong to: [✓] SC [ ] ST [ ] OBC [ ] Minority [ ] Others [Please Tick any one(✓)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 28/04/2005 Blood Group B(+) Mobile 9612138621

E-mail dasbiltu543@gmail.com

Parent's Name Mr./Ms. N. RAMJAN DAS

Tel (Res) _____ (Mobile) 7612688893 Nationality INDIAN

Present Address CHARBILL, TELIAMURA, KHOWAI

TRIPURA

TELIAMURA TRIPURA 799205

Permanent Address CHARBILL, TELIAMURA, KHOWAI

TRIPURA

TELIAMURA TRIPURA 799205

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board / University	Stream (Sc. / Com. / Arts)	Year of Passing	% of Marks / CGPA	Subjects covered
X	T.T.N.H.S.S.	Teliamura	TBSE		2021	72.8%	✓
XII	T.T.N.H.S.S.	Teliamura	TBSE	Science	2023	57%	
Graduation							
Others							

Non-submission of mark sheets/ grade sheets of the examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree)

City

State Pin

CUT HERE

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

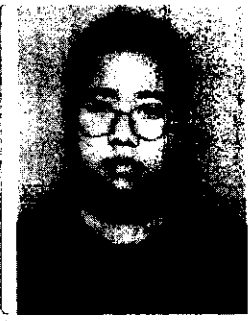
Application No. IUT823- 0502

Please Tick (✓) the program you wish to enroll:

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☑ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. CRYSTEL DEBBARMA

Gender: ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 18062005 Blood Group _____ Mobile 8413074359

E-mail _____

Parent's Name Mr./Ms. PHANI BHUSAN DEBBARMA

Tel (Res) _____ (Mobile) 8974875742 Nationality INDIA

Present Address VILL-BARKATHAL PO-BARKATHAL

PS-SIDHAI DISTRICT-WEST TRIPURA

AGARTALA TRIPURA 799211

Permanent Address VILL-BARKATHAL PO-BARKATHAL

PS-SIDHAI DISTRICT-WEST TRIPURA

AGARTALA TRIPURA 799211

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	EMR School	Khumulwng	CBSE		2020-21	60.8%	
XII	EMR School	Khumulwng	CBSE	Science	2021-23	62%	
Graduation							
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of your application.

b. Name & Address of the College (for Bachelor Degree)

City

State

Pin

The ICFAI University TRIPURA

CUT HERE

Benjita Chakma
21/UTO/03006/20
(738)

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- **1020**

Please Tick (✓) the program you wish to enroll:

[ ] BA English(Hons) [ ] BA Psychology(Hons) [ ] B.Sc Physics(Hons) [✓] B.Sc Chemistry (Hons) [ ] B.Sc Mathematics(Hons)

MA English [ ] MA Psychology [ ] M.Sc Physics [ ] M.Sc Chemistry [ ] M.Sc Mathematics

1 NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. HIMASHRAI JAMATIA

Gender [✓] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority [ ] Others [Please Tick any one(√)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 05/02/2004 Blood Group B+ Mobile 9366009639

E-mail himkhrajamatia@gmail.com

Parent's Name Mr./Ms. BIJOY KANTA JAMATIA

Tel (Res) _____ (Mobile) 9774917260 Nationality Indian

Present Address Near AG Office Shibam Hembal's Abhay Nagar Agartala Tripura Agartala Tripura 799120

Permanent Address South Mahamani Hatichhama Near Hatichhama High School Udaipur Tripura 799013

3. ACADEMIC RECORD: SCHOOL / COLLEGE

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Don Bosco School	Udaipur	CBSE		2021	84.2	5
XII	Don Bosco School	Agartala	CBSE	Science	2023	62.8	5
Graduation							
Others							

Non-submission of mark sheets/ grade sheets or any discrepancies may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree)

The ICFAI University
Kamalghat Mohanpur
City Agartala
State Tripura
Pin

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

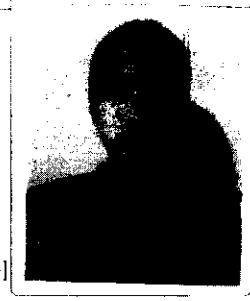
Application No. IUT823- 0536

Please Tick (✓) the program you wish to enroll:

[ ] BA English(Hons) [ ] BA Psychology(Hons) [ ] B Sc Physics(Hons) [✓] B.Sc Chemistry (Hons) [ ] B.Sc Mathematics(Hons)

[ ] MA English [ ] MA Psychology [ ] M Sc Physics [ ] M Sc Chemistry [ ] M.Sc Mathematics

1. NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. HAPPY RUNG REANG

Gender: [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority [ ] Others [Please Tick any one(√)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 10/1/2004 Blood Group Mobile 9863227578

E-mail happyrungreg@gmail.com

Parent's Name Mr./Ms NAYANTA REANG

Tel (Res) (Mobile) 7005392860 Nationality Indian

Present Address VILL-KUKICHERRA PO+PS-NEPALTILLA PIN-799288 DIST-DHALAI-TRIPURA

Permanent Address KUKICHERRA

DO

3. ACADEMIC RECORD: SCHOOL / COLLEGE

a.

Class	Name of the School/College	City	Board / University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Holy Cross H.S school		TBSC	—	2021	78.2%	5 subjects
XII	Netaliwizuppth H.S School	Kailashahar	CBSC	Science	2023	56.8%	5 subjects
Graduation							
Others							

Non-submission of mark sheets/ grade sheets of all examinations may result in rejection of application form.

b. Name & Address of the College (for Bachelor Degree)

City

State Pin

The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0838

Please Tick (✓) the program you wish to enroll:

☐ BA English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ✓ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. HRISHAB DEBNATH

Gender: ✓ Male ☐ Female ☐ Transgender

Whether You belong to: ☐ SC ☐ ST ✓ OBC ☐ Minority ☐ Others [Please Tick any one(✓)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 30 11 2003 Blood Group B+ Mobile 9863004504

E-mail HRISHABDEBNATH@gmail.com

Parent's Name Mr./Ms. HARIPADA DEBNATH

Tel (Res) _____ (Mobile) 8974232040 Nationality INDIAN

Present Address Vill: EAST HOWAIBARI TELIAMURA

Dis: KHOWAI Po: HOWAIBARI

TELIAMURA TRIPURA 799205

Permanent Address DO//

TELIAMURA TRIPURA 799205

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Bloom Adventist school	Teliamura	M.B.S.E	All	2021	68.0 %	All
XII	Teliamura H.S school	Teliamura	C.B.S.E	Science	2023	61 %	Phy, chem, Bio, Eng, Socology
Graduation							
Others							

b. Name & Address of the College (for Bachelor Degree) City State Pin

The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur Agartala-799 210, Tripura (West).

Application No. IUT823- 0803

Please Tick (✓) the program you wish to enroll:

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☑ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. I P S I T A D A S

Gender ☐ Male ✓ Female ☐ Transgender

Whether You belong to ✓ SC ☐ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 06102005 Blood Group B+ Mobile 8132983043

E-mail ipsitiyadas@gmail.com

Parent's Name Mr./Ms. SUBHIRANJAN DAS

Tel (Res) (Mobile) 8132983043 Nationality INDIAN

Present Address RAMNAGAR 3 AGATALA WEST TRIPURA

Permanent Address SOUTH KACHUCHARA, PO- KACHUCHARA, KAMALPUR DHALAI TRIPURA

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	KGEMHSS	KAMALPUR	TBSE		2021	85.4	
XII	BTVM	AGARTALA	CBSE		2023	89.4	
Graduation							
Others							

Non submission of mark sheets / non submission of examination / any mark in relation of application form

b. Name & Address of the College (for Bachelor Degree)

City

State Pin

The ICFAI University Tripura

ICFAI UNIVERSITY TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8415952506, Fax 0381-2865752/62

PERSONAL INFORMATION

***Courses offered:**	BSC-Chemistry (Hons.)
***Admission Number:**	IUTON-823-257
***Student Name:** (As per the 10+2 Certificate)	Jerina Jamatia
***Father Name:**	Tarani Mohan Jamatia
Mother Name:	Durga Rani Jamatia
***Date of Birth:**	11/06/2005
Identification Marks: (As per the SSC Certificate)	
1.	-
2.	-
Mother Tongue:	-
SSC / X H.T.No:	-
***Nationality:**	Indian
Aadhar Card No:	347564909624
***Student Mobile:**	8787542417
***Student E-mail:**	wingswillfroze@gmail.com
***Father Mobile:**	8131957662
Mother Mobile:	9612633450
***Gender:**	Female
***Community:**	ST

CONTACT INFORMATION

Permanent Address

***Country:**	India
State:	Tripura
District:	Khowai

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application form to: University Campus, Agartala Sonamura Road, PO: Kunjaban, Mohanpur, Agartala 799 210; Tripura (West).

Application No. IUT823- 0813

Please Tick (√) the program you wish to enroll:

[ ] BA English(Hons) [ ] BA Psychology(Hons) [ ] B.Sc Physics(Hons) [✓] B.Sc Chemistry (Hons) [ ] B.Sc Mathematics(Hons)

[ ] MA English [ ] MA Psychology [ ] M.Sc Physics [ ] M.Sc Chemistry [ ] M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./~~Ms.~~ JOYICE DEBBARMA

Gender : [✓] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority [ ] Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 01 02 2004 Blood Group AB +ve Mobile 7005972803

E-mail joycedebbarma@gmail.com

Parent's Name Mr./~~Ms.~~ ARUN DEBBARMA

Tel (Res) (Mobile) 8837003691 Nationality INDIAN

Present Address NORTH BANAMALIPUR, NEAR ASTABAL GROUND AGARTALA TRIPURA 799007

Permanent Address VILL+ HADRAI BARI P/O CHAMPA HOUR P/S- CHAMPA HOUR DIS- KHOWAI, TRIPURA KHOWAI TRIPURA 799201

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Holy Cross Agt	Agartala	ICSE	Science	2020	78.5%	6
XII	Tripureswari Vidyamandir Gandhigram		CBSE	Science	2022	63 %	5
Graduation							
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree)

City

State Pin

The ICFAI University TRIPURA

CUT HERE

Name : Joy Chakraborty
ID : 21IUTC06CC30
IUT CAMPUS (365)
The ICFAI University Tripura.

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0812

Please Tick (✓) the program you wish to enroll:

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☑ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. JOYJIT DAS

Gender: ☑ Male ☐ Female

Whether You belong to ☑ SC ☐ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 23/01/2005 Blood Group A B+ Mobile 8787741180

E-mail joyjitd93@gmail.com

Parent's Name Mr./Ms. BISWAJIT DAS

Tel (Res) (Mobile) 9612137101 Nationality INDIAN

Present Address VILL- GOLAKBANDH DHANIJDAPAR

PO- DARYANA

SABROOM TRIPURA 799145

Permanent Address

3. a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Harina H/S School	Sabroom	TBSE		2019	81.4%	
XII	Manu H/S School	"	TBSE	Science	2023	63.6%	
Graduation		"					
Others		"					
Non-Graduate							

b. Name & Address of the College (for Bachelor Degree)

City

State Pin

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

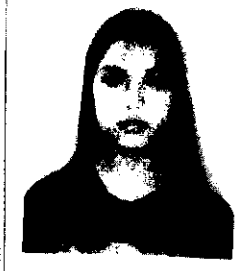
Application No. IUT823- 11658

Please Tick (✓) the program you wish to enroll:

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☑ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. KHACHUK DEBBARMA

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 13/12/06 Blood Group B+ Mobile 9366614503

E-mail khachukdb39@gmail.com

Parent's Name Mr./Ms. MAROTTAM DEBBARMA

Tel (Res) _____ (Mobile) 8787408419 Nationality Indian

Present Address _____

Permanent Address VILL KUMAR SADHU PARA

PO CHAMPAKNAGAR WEST TRIPURA

AGARTALA TRIPURA 799045

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Tripura Public	Agartala	TBSE	~~Science~~	2021	88.6	
XII	"	"	TBSE	Science	2023	54.6	
Graduation							
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form.

b. Name & Address of the College (for Bachelor Degree)

City

State Pin

The ICFAI University TRIPURA

CUT HERE

Name: Styrush D.B.
ID: 221UT003082
IUT CAMPUS (274)
The ICFAI University Tripura.

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus,
Agartala-Simna Road, PO: Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0388

Please Tick (✓) the program you wish to enroll.

☐ BA English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☑ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)
☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. LAIJAK DEBBARMA

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

LAIJAK DEBBARMA
27/03/2023

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 02/01/2005 Blood Group O+ Mobile 9577478453

E-mail laijakdebbarma1238@gmail.com

Parent's Name Mr./Ms BIKRAM DEBBARMA

Tel (Res) (Mobile) 7002872764 Nationality INDIAN

Present Address VILL BANIA PARA PO MADHU CHOUDHURY PS LEFUNGA DIST TRIPURA WEST AGARTALA TRIPURA 799210

Permanent Address VILL BANIA PARA PO MADHU CHOUDHURY PS LEFUNGA DIST TRIPURA WEST AGARTALA TRIPURA 799210

3. ACADEMIC RECORD: SCHOOL / COLLEGE

a.

Class	Name of the School / College	Board / University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	S. Andrews School Bathjuriagram	CBSE		2021	63%	
XII	KV.GC CRPF Agartala	CBSE	Science	2023	67.6%	
Graduation						
Others						

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form.

b. Name & Address of the College (for Bachelor Degree)

City

State Pin

The ICFAI University TRIPURA

CUT HERE

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Application No. IUT823- 0662

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll:

☐ BA English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☑ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) (As it appears in the School Certificates)

Mr./Ms. [illegible]

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 14/1/2004 Blood Group A+V Mobile 9436158066

E-mail hallamiathabelli@gmail.com

Parent's Name Mr./Ms. LAKSHMAN DAS

Tel (Res) ~~[illegible]~~ (Mobile) 7005573708 Nationality Indian

Present Address MANDAINAGAR

AGARTALA TRIPURA 799006

Permanent Address KATHALCHERRA

MANU TRIPURA 799235

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Holy Cross	Manu	T.B.S.E		2021	52%	
XII	DON BOSCO	Agartala	CBSE	Science	2023	66%	PCBM
Graduation							
Others							

Non submission of mark sheets, grade sheets or any other supporting documents may lead to rejection of application.

b. Name & Address of the College (for Bachelor Degree)

City

State

Pin

The ICFAI University TRIPURA

CUT HERE

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 1040

Please Tick (✓) the program you wish to enroll:

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☑ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]**

Mr./Ms. MAITRI SINHA

Gender Male ☐ Female ☑ Transgender ☐

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(✓)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 18/12/2005 Blood Group B+ve Mobile 6009575005

E-mail maitrisinghas@gmail.com

Parent's Name Mr./Ms. MADHU SINHA

Tel (Res) _____ (Mobile) 7005219649 Nationality Indian

Present Address KAKSI NUNMURA

Permanent Address KAKSI NUNMURA

3. a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Auxilium Convent School	Agartala	CBSE	Science	2021	90.2	
XII	Auxilium Convent School	Agartala	CBSE	Science	2023	68.2	
Graduation							
Others							

b. Name & Address of the College (for Bachelor Degree) ICFAI UNIVERSITY TRIPURA

AGARTALA

TRIPURA

PIN 799210

The ICFAI University TRIPURA

CUT HERE

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to. University Campus, Agartala-Simna Road, PO. Kamalghat, Mohanpur, Agartala 799 210, Tripura (West).

Application No. IUT823- 11673

Please Tick (✓) the program you wish to enroll

[ ] BA. English(Hons) [ ] BA Psychology(Hons) [ ] B.Sc. Physics(Hons) [✓] B.Sc Chemistry (Hons) [ ] B.Sc Mathematics(Hons)

[ ] MA English [ ] MA Psychology [ ] M.Sc. Physics [ ] M.Sc Chemistry [ ] M.Sc Mathematics

1. **NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]**

Mr./Ms. MANIKTI TRIPURA

Gender : [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority [ ] Others [Please Tick any one(√)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 18022006 Blood Group B+ Mobile 9863703166

E-mail manikmipura@gmail.com

Parent's Name Mr./Ms. GOUTAM TRIPURA

Tel (Res) _____ (Mobile) 6009963521 Nationality INDIAN

Present Address 1 KATHALIA JAGAT RAMPUR

KATHALIA TRIPURA 799181

Permanent Address 1, KATHALIA JAGAT RAMPUR

KATHALIA TRIPURA 799181

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Taliabari HS school	Kathalia	TBSE		2021	70.6%	
XII	Udaipur Regional HS School	Udaipur	TBSE	Science	2023	49%	
Graduation							
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form.

b. Name & Address of the College (for Bachelor Degree)

City

State Pin

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0635

Please Tick (✓) the program you wish to enroll:

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☑ B Sc Chemistry (Hons) ☐ B Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. MANOJ DEBBARMA

Gender : ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 01/01/2004 Blood Group Mobile 9862728155

E-mail manojdebbarmadebbarma04@gmail.com

Parent's Name Mr./Ms RAJANI DEBBARMA

Tel (Res) Nationality INDIAN

Present Address RADHANAGAR

AGARTALA TRIPURA 799001

Permanent Address DAYARAMPARA

GOLAGHATI TRIPURA 799102

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	GOLAGHATI HIGH	AGARTALA	TBSE		2020	50%	
XII	BODHJUNG HS	AGARTALA	TBSE	SCIENCE	2022	59%	
Graduation							
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree)

City

State Pin

CUT HERE

The ICFAI University TRIPURA

Rima Saha
9563129374
(Mother)

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application No. IUT823- 0243

Please Tick (✓) the program you wish to enroll:

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☑ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. MELISHA RUPINI

Gender: ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 11022005 Blood Group O Mobile 9362745062

E-mail melishayupini@gmail.com

Parent's Name Mr./Ms. MITHUN RUPINI

Tel (Res) ____ (Mobile) 9612807202 Nationality Indian

Present Address VILL/CHANDRA SADHU PARA
P.O/CHAMPAK NAGAR P.S/JIRANIA
AGARTALA TRIPURA 799005

Permanent Address CHANDRA SADHU PARA
P.O/CHAMPAK NAGAR P.S/JIRANIA
AGARTALA TRIPURA 799005

3. a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Tripura Academy	Agartala	TBSE		2021	94.2%	5
XII	Mont fort H.S school	Agartala	CBSE	Science	2023	63.2%	5
Graduation							
Others							

b. Name & Address of the College (for Bachelor Degree)

City

State Pin

CUT HERE

The ICFAI University Tripura

Baptarshi Bhaumick
22IUT0210025
(B84)

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0378

Please Tick (✓) the program you wish to enroll:

☐ BA English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☑ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. NABAJIT GHOSH

Gender ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 12/02/05 Blood Group A + (ve) Mobile 9863455532

E-mail nabajitghosh2005@gmail.com

Parent's Name Mr./Ms. NEPAL CHANDRA GHOSH

Tel (Res) _____ (Mobile) 9485456544 Nationality Indian

Present Address Dear club para, P.O - Kamalpur

P.S - Kamalpur, Dhalai, Tripura

Kamalpur Tripura 799285

Permanent Address Dear club para, P.O - kamalpur

P.S - Kamalpur, Dhalai

Kamalpur Tripura 799285

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	K GEMHS.S	Kamalpur	TBSE		2021	88.8 %	5 Subjects
XII	KGEMHSS	Kamalpur	CBSE	Science	2023	61.6 %	5 Subjects
Graduation							
Others							

Non-submission of mark sheets, guide sheets or any discrepancies may lead to rejection of application form.

b. Name & Address of the College (for Bachelor Degree)

City

State Pin

The ICFAI University TRIPURA

OUT HERE

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala Simna Road, PO Kamalghat, Mohanpur, Agartala-799 210 Tripura (West).

Application No. IUT823- 0423

Please tick (√) the program you wish to enroll.

☐ BA. English (Hons) ☐ BA Psychology (Hons) ☐ B.Sc Physics (Hons) ☑ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics (Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. NEHA BHOWMIK

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth : 15/12/2003 Blood Group A+ Mobile 8787474988

E-mail bhowmikneha9@gmail.com

Parent's Name Mr./Ms. PRASENJIT BHOWMIK

Tel (Res) _____ (Mobile) 8974995022 Nationality INDIAN

Present Address JIRANIA MADHYA PARA WARD NO. 8

JIRANIA NAGAR PANCHAYAT

AGARTALA TRIPURA (W) 799015

Permanent Address JIRANIA MADHYA PARA WARD NO. 8

JIRANIA NAGAR PANCHAYAT

AGARTALA TRIPURA (W) 799015

3. ACADEMIC RECORD: SCHOOL / COLLEGE

a

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	KVNIT Agartala	Agartala	CBSE		2019	88.3%	
XII	KVNIT Agartala	Agartala	CBSE	Science (PCMB)	2022	69%	
Graduation							
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree)

City

State Pin

The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0718

Please Tick (✓) the program you wish to enroll

[ ] BA. English(Hons) [ ] BA Psychology(Hons) [ ] B.Sc Physics(Hons) [✓] B.Sc Chemistry (Hons) [ ] B.Sc Mathematics(Hons)

[ ] MA English [ ] MA Psychology [ ] M Sc Physics [ ] M Sc Chemistry [ ] M.Sc Mathematics

1. **NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]**

Mr./Ms. NISHAN BOSU

Gender : [✓] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [ ] OBC [ ] Minority [✓] Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 04/02/2004 Blood Group B+ Mobile 8974916527

E-mail LAXMIBOSU22@GMAIL.COM

Parent's Name Mr./Ms. SUBHASH CHANDRA BOSU

Tel (Res) (Mobile) 8974916527 Nationality INDIAN

Present Address VILL-BELABAR SHANTIPALLI WARD NO-7 PO-SDMISSION PS-AMTALI AGARTALA TRIPURA 799008

Permanent Address VILL-BELABAR SHANTIPALLI WARD NO-7 PO-SDMISSION PS-AMTALI AGARTALA TRIPURA 799003

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College & City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	ANANDAMARGA H.School AGARTALA	TBSE		2021	69.3%	5
XII	MODERN H.SEC.SCHOOL AGARTALA	CBSE	SCIENCE	2023	60.4%	6
Graduation						
Others						

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form.

b. Name & Address of the College (for Bachelor Degree): THE ICFAI UNIVERSITY AGARTALA-SIMNA ROAD POKAMALGHAT

City AGARTALA

State TRIPURA Pin 799210

The ICFAI University TRIPURA

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Sourav Das
19107019 0005
381

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Sonamura Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

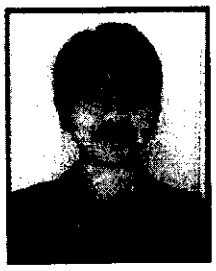
Application No. IUT823- 0839

Please tick (✓) the course you wish to enroll:

☐ BA English(Hons.) ☐ BA Psychology(Hons.) ☑ B.Sc Physics(Hons.) ☐ B.Sc Chemistry (Hons.) ☐ B.Sc Mathematics(Hons.)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. PAPITA DAS

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☑ SC ☐ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 07052005 Blood Group Mobile 9362533733

E-mail papitadas1010@gmail.com

Parent's Name Mr./Ms. ABHIMANYA DAS

Tel (Res) (Mobile) 9402110860 Nationality INDIAN

Present Address VILL-CHOTASURMA PO-CHOTASURMA PS-KAMALPUR DIST-DHALAI TRIPURA KAMALPUR TRIPURA 799285

Permanent Address DO

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Marachara High School	Kamalpur	TBSE	S	2021	78%	
XII	Marachara class XII School	Kamalpur	TBSE	Science	2023	52%	
Graduation							
Others							

Non submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree)

City

State Pin

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

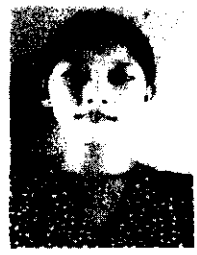
Application No. IUT823- 0424

Please Tick (✓) the program you wish to enroll.

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☑ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]**



Mr./Ms. PAYEL DEBBARMA

Gender : ☐ Male ☐ Female ☑ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(✓)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 02/12/2005 Blood Group 'B+' Mobile 9362673311

E-mail DEBBARMAPAYEL928@gmail.com

Parent's Name Mr./Ms. SUDNA KUMAR DEBBARMA

Tel (Res) (Mobile) 9612264074 Nationality INDIAN

Present Address MADAN KOBRA PARA

AGARTALA TRIPURA 799035

Permanent Address MADAN KOBRA PARA

AGARTALA TRIPURA 799035

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Yakhili Academy		TBSE	Science	2021	88.8%	
XII	Holy Cross School	AGARTALA	CBSE	Science	2023	98.4%	
Graduation							
Others							

Non-submission of mark sheets/ grade sheets or any discrepancy may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree)

City

State Pin

The ICFAI University TRIPURA

Subhajit Sankar
ID: 22UCL036[illegible]
IUT CAMPUS (B.Sc.)
The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

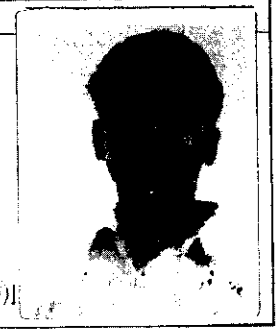
Application No. IUT823- 0278

Please Tick (✓) the program you wish to enroll:

☐ BA English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☑ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. PRANOY DEBNATH

Gender ✓ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ✓ OBC ☐ Minority ☐ Others [Please Tick any one(✓)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 30/12/2004 Blood Group A+ Mobile 6009683836

E-mail

Parent's Name Mr./Ms. NEPAL CHANDRA DEBNATH

Tel (Res) (Mobile) 8798219520 Nationality INDIAN

Present Address VILL-HATI PARA PO-SALBAGAN
PS-AIRPORT SUBDIVISION-MOHANPUR
DIST.-WESTTRIPURA TRIPURA 799012

Permanent Address VILL HATI PARA PO-SALBAGAN
PS-AIRPORT DIST-WESTTRIPURA
AGARTALA TRIPURA 799012

3. a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	SKMS	Agartala	CBSE	English	2021	88.6%	
XII	SKMS	Agartala	CBSE	PCB	2023	62.5%	
Graduation							
Others							

Non submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree)

City

State

Pin

The ICFAI University Tripura

Ranjit Debnath
23-6-2007213
IID-15ATP0005 (SAP CODE)

SAP Name : Ranjit D/N
ID : 15ATP0005 (763)
IUT CAMPUS
The ICFAI

Application No.

The ICFAI University, Tripura

IUT823- 1050

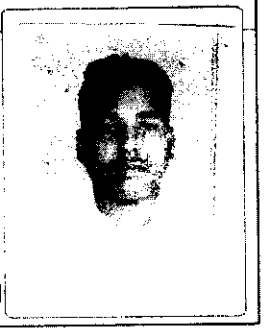
Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll:

[ ] BA English(Hons) [ ] BA Psychology(Hons) [ ] B.Sc Physics(Hons) [✓] B Sc Chemistry (Hons) [ ] B Sc Mathematics(Hons)
[ ] MA English [ ] MA Psychology [ ] M Sc Physics [ ] M.Sc Chemistry [ ] M Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. RANJIT GHOSH

Gender [✓] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [✓] OBC [ ] Minority [ ] Others [Please Tick any one(✓)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 24/12/2004 Blood Group B+ Mobile 7362738865

E-mail RG25972G@gmail.com

Parent's Name Mr./Ms. BISWAJIT GHOSH

Tel (Res) [redacted] (Mobile) 6[redacted]03302764L Nationality Indian.

Present Address VILL-NARAYANPUR PO-AIRPORT
PS-AIRPORT DIST WEST
AGARTALA TRIPURA 799007

Permanent Address DO

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	NARSINGARH	AGARTALA	TBSE	SCIENCE	2021	65%	Beng/Eng/Sc/Soc/Math
XII	H.S SCHOOL	"	TBSE	"	2023	52.2%	Beng/Eng
Graduation							Phys/Cmtx/Mic
Others							

Non submission of mark sheets/ [illegible] equivalent application form

b. Name & Address of the College (for Bachelor Degree)

City

State

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Sonna Road, PO: Kamalpur, Mohanpur, Agartala-799 210, Tripura (West)

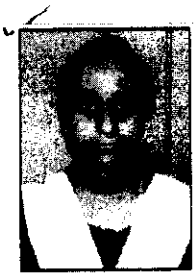
Application No. IUT823- 0524

Please tick (✓) the program you wish to enroll

[ ] BA English(Hons) [ ] BA Psychology(Hons) [ ] B.Sc Physics(Hons) [✓] B.Sc Chemistry (Hons) [ ] B.Sc Mathematics(Hons)

[ ] MA English [ ] MA Psychology [ ] M.Sc Physics [ ] M.Sc Chemistry [ ] M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. RAJASREE BHATTACHARJEE

Gender : [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [ ] OBC [ ] Minority [✓] Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 30/12/2004 Blood Group O +ve Mobile 8787368932

E-mail bhattacharjeejhuma38@gmail.com

Parent's Name Mr./Ms. RAJIB BHATTACHARJEE

Tel (Res) (Mobile) 9436540593 Nationality INDIAN

Present Address NO AGAON

KAMALPUR DHALAI TRIPURA 799285

Permanent Address

KAMALPUR TRIPURA 799285

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	K.G.E.M.H.S.S	Kamalpur	TBSE	-	2021	98%	
XII	K.G.E.M.H.S.S	Kamalpur	CBSE	Science	2023	70%	PCMB
Graduation							
Others							

Non submiss on of mark sheets/ grade sheets of all examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree)

City

State Pin

The ICFAI University TRIPURA

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SAP Name: Sautila Bhattacharjee
ID: 21099222292
IUT CAMPUS The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

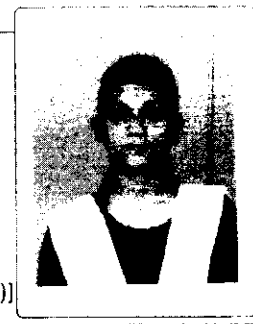
Application No. IUT823- 0682

Please Tick (✓) the program you wish to enroll:

BA English(Hons) | BA Psychology(Hons) | B Sc Physics(Hons) ✓ | B Sc Chemistry (Hons) | B Sc Mathematics(Hons)

MA English | MSc Psychology | MSc Physics | MSc Chemistry | MSc Mathematics

1 NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. RICHASHREE DEBNATH

Gender: Male | ✓ Female | Transgender

Whether You belong to SC | ST | ✓ OBC | Minority | Others [Please Tick any one(√)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 03/12/2004 Blood Group A+ Mobile 8415026581

E-mail sujandn.1981@gmail.com

Parent's Name Mr./Ms. LATE CHANULAL DEBNATH

Tel (Res) (Mobile) 8974627050 Nationality INDIAN

Present Address SHANTIPARA, KAMALGHAT

AGARTALA TRIPURA 799210

Permanent Address SHANTINAGAR, TELIAMURA

TRIPURA 799205

3. ACADEMIC RECORD: SCHOOL / COLLEGE

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	AMHS	TELIAMURA	TBSE		2021	72.4	5
XII	TEMHSS	TELIAMURA	CBSE	SCIENCE	2023	68.6	5
Graduation							
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree) THE ICFAI UNIVERSITY

City AGARTALA

State TRIPURA, INDIA Pin 7[illegible]

The ICFAI University TRIPURA

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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 1034

Please Tick (✓) the program you wish to enroll

BA English(Hons) | BA Psychology(Hons) | B Sc Physics(Hons) | ✓ B Sc Chemistry (Hons) | B Sc Mathematics(Hons)

MA English | MA Psychology | M Sc Physics | M Sc Chemistry | M Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. RIPA SHIL

Gender : ☐ Male ☑ Female Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 01/09/2004 Blood Group Mobile 7630973907

E-mail

Parent's Name Mr./Ms. PARIMAL SHIL

Tel (Res) (Mobile) 7005378872 Nationality Indian

Present Address VILLAGE KARAILONG PO-KARAILONG

TELIAMURA TRIPURA 799203

Permanent Address VILLAGE-KAKAILONG PO-KARAILONG

TELIAMUKA TRIPURA 799203

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	ANANDAMARGA HIGH	Teliamura	TBSE		2021	70.6%	
XII	TELIAMURA ENGLISH HS	Teliamura	CBSE	Science	2023	68.2%	
Graduation							
Others							

Non-submission of mark sheets/ proofs of examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree)

City

State Pin

The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO: Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application No. IUT823- 0380

Please Tick ✓ the program you wish to enroll:

[ ] BA English(Hons) [ ] BA Psychology(Hons) [ ] B Sc Physics(Hons) [✓] B Sc Chemistry (Hons) [ ] B Sc Mathematics(Hons)

[ ] MA English [ ] MA Psychology [ ] M Sc Physics [ ] M Sc Chemistry [ ] M Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. RISHA DEBBARMA

Gender : [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority [ ] Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 25032005 (DD/MM/YYYY) Mobile 7628981084

E-mail debbarmarisha828@gmail.com

Parent's Name Mr./Ms. SHANKAR DEBBARMA

Tel (Res) _____ (Mobile) 8787353190 Nationality INDIAN

Present Address VILL-KHAMPAR PARA PO-BODHJUNGNAGAR PS-LEFUNGA DIST-WEST TRIPURA AGARTALA TRIPURA 799210

Permanent Address VILL-KHAMPAR PARA PO-BODHJUNGNAGAR PS-LEFUNGA DIST-WEST TRIPURA AGARTALA TRIPURA 799210

3. ACADEMIC RECORD: SCHOOL / COLLEGE

a

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	St. Andrew E.M School	Agartala	CBSE		2020	72%	
XII	Hindi H/s school	Agartala	CBSE	Science	2022	67.6%	
Graduation							
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree) ICFAI UNIVERSITY KAMALGHAT WEST TRIPURA

City Agartala

State Tripura Pin 799210

The ICFAI University Tripura

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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Application No. IUT823- 0511

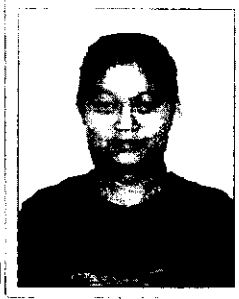
Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll:

[✓] BA English(Hons) [ ] BA Psychology(Hons) [ ] B.Sc Physics(Hons) [✓] B.Sc Chemistry (Hons) [ ] B.Sc Mathematics(Hons)

MA English MA Psychology M.Sc Physics M.Sc Chemistry M.Sc Mathematics

1. NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. KLIYA DEB BARMA

Gender: [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority [ ] Others [Please Tick any one(√)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 03/02/2005 Blood Group O+ Mobile 9863730638

E-mail [illegible]

Parent's Name Mr./Ms. SUPENDRA DEB BARMA

Tel (Res) 8132021629 (Mobile) 8132021629 Nationality INDIAN

Present Address RAM MOHAN PUJARI PARA

PO BELBARI PS PADMAPUR

TRIPURA 799045

Permanent Address RAM MOHAN PUJARI PARA

TRIPURA 799045

3. ACADEMIC RECORD: SCHOOL / COLLEGE

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Montfort (10+2)	Champahanar	CBSE		20-21	90.2	
XII	Montfort (10+2)	"	CBSE	Science	22-23	84.6	
Graduation							
Others							

Non-submission of mark sheets/ grade sheets or non-submission of T.C. may lead to rejection of application form.

b. Name & Address of the College (for Bachelor Degree)

City

State Pin

The ICFAI University

CUT HERE

SAP Name: Sampili 2/B
ID: 24AAT...2AA26
IUT CAMPUS (2346)
The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

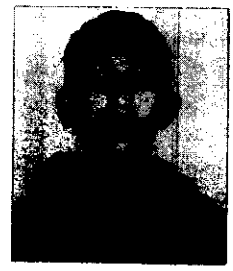
Application No. IUT823- 1061

Please Tick (✓) the program you wish to enroll:

☐ BA English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☑ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr/Ms SALMAN DEBBARMA

Gender : [✓] Male [ ] Female [ ] Transgender

Whether You belong to SC [✓] ST [ ] OBC Minority Others [Please Tick any one(√)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 05/11/2005 Blood Group A B + Mobile 8974519395

E-mail Salmandebbarma12345890@gmail.com

Parent's Name Mr/Ms DHUP CHARAN DEBBARMA

Tel (Res) (Mobile) Nationality INDIAN

Present Address SACHIRAM PARA PS - JIRANIA
PO - BELBARI

Permanent Address SACHIRAM PARA PS - JIRANIA
PO - BELBARI

3. ACADEMIC RECORD: SCHOOL / COLLEGE

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Montfoort. HR. SEC. School	Agartala	CBSE	Science	20-21	66.33%	6
XII	Montfoort. HR-SEC. School	Agartala	CBSE	science	22-23	65.8%	5
Graduation							
Others							

Non submission of mark sheets/ grade sheets, etc. in certificates may lead to rejection of application form.

b. Name & Address of the College (for Bachelor Degree) SACHIRAM PARA ICFAI UNIVERSITY TRIPURA

City Agartala

State TRIPURA Pin

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0836

Please Tick (✓) the program you wish to enroll:

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☑ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. SAMARJIT SINGHA

Gender: ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 18022005 Blood Group Mobile 7005149689

E-mail singhasamarjit535@gmail.com

Parent's Name Mr./Ms. AJIT SINGHA

Tel (Res) Mobile 9863559942 Nationality HINDU

Present Address KHOWAI, TRIPURA, 799201

VILL GOURNAGAR PO+ SAMATALPADMABIL PS+ KHOWAI DIS+ KHOWAI

Permanent Address KHOWAI, TRIPURA, 799201

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Khowai, H.S. School	Khowai	TBSE		2021	89%	
XII	B.J.H.S.S	Agartala	TBSE	Science	2023	50%	
Graduation							
Others							

Non-submission of mark sheets/ grade sheets in all cases may lead to rejection of application.

b. Name & Address of the College (for Bachelor Degree)

City

State Pin

CUT HERE

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 1108

Please Tick (✓) the program you wish to enroll:

☐ BA, English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☑ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. SARBAJIT GHOSH

Gender : ✓ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ✓ OBC ☐ Minority ☐ Others [Please Tick any one(✓)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 08092004 Blood Group B VE Mobile 9774522616

E-mail sarbajitsss44@gmail.com

Parent's Name Mr./Ms. RAJU GHOSH

Tel (Res) ..... (Mobile) 7005241020 Nationality Indian

Present Address DHALESWAR ROAD NO 11 PANDAV LANE PO DHALESWAR PIN 799007 AGARTALA SADAR WEST TRIPURA DISTRICT

Permanent Address .....

AGARTALA TRIPURA 799007

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	SBKM	Agartala	CBSE	Science	2021	99.6%	
XII	SKM	-do-	CBSE	Science	2023	66.4%	
Graduation							
Others							

b. Name & Address of the College (for Bachelor Degree) City State Pin

The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to. University Campus, Agartala-Simna Road, PO Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

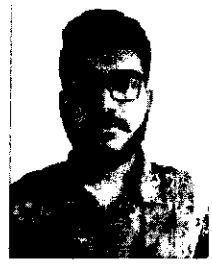
Application No. IUT823- 0857

Please Tick (✓) the program you wish to enroll

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ✓ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

MA English MSc Psychology MSc Physics MSc Chemistry M.Sc Mathematics

1. NAME OF THE APPLICANT (Use Capitals only) (As it appears in the School Certificates)



Mr./Ms. SATYAJIT ROY

Gender ✓ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ✓ OBC ☐ Minority ☐ Others (Please Tick any one(√))

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 25/2/2003 Blood Group A +ve Mobile 8794890814

E mail ksatyajit079@gmail.com

Parent's Name Mr./Ms INDRAJIT ROY

Tel (Res) _____ (Mobile) 9862471983 Nationality Indian

Present Address WEST DURGAPUR SURJYAMANI NAGAR

AMTALA WEST TRIPURA

TRIPURA AGARTALA 799022

Permanent Address WEST DURGAPUR SURJYAMANI NAGAR

AMTALA WEST TRIPURA

TRIPURA AGARTALA 799022

3. ACADEMIC RECORD: SCHOOL / COLLEGE

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Pranavananda Vidyamandir	Agartala	CBSE	Science, 551 Mar hs, Hindi, English	2019	69.2%	All
XII	Modern Hs School	Agartala	CBSE	Science	2021	64%	PCBME
Graduation							
Others							

Non-Submission of mark sheets (grade sheets) of all examinations may lead to rejection of application form.

b. Name & Address of the College (for Bachelor Degree)

City

State Pin

The ICFAI University Tripura

ID: 22PLET15C236
IUT Campus (2 C 1)
The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Application No.

IUT823- 0468

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO: Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll:

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☑ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. SAYAN TRIPURA

Gender ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(✓)]

2. **PERSONAL DETAILS** (use Capitals only)

Date of Birth 29/01/2005 Blood Group B+ve Mobile 8731885326

E-mail tripurasayan2951@gmail.com

Parent's Name Mr./Ms. SUBHASH CHANDRA TRIPURA

Tel (Res) (Mobile) 9612954366 Nationality INDIAN

Present Address VILL+PO- SOUTH MANUBANKUL PS- SABROOM DIST- SOUTH TRIPURA SABROOM TRIPURA 799143

Permanent Address VILL+PO- SOUTH MANU BANKUL PS- SABROOM DIST- SOUTH TRIPURA SABROOM TRIPURA 799143

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	EBENEZER ENG MED SCHOOL	SABROOM	TBSE		2021	65.8%	
XII	KENDRIYA VIDYALAYA BAGAFA	SANTIRBAZAR	CBSE	SCIENCE	2023	64.8%	
Graduation							
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form.

b Name & Address of the College (for Bachelor Degree)

State Pin

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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0446

Please Tick (✓) the program you wish to enroll:

[ ] BA English(Hons) [ ] BA Psychology(Hons) [ ] B.Sc Physics(Hons) [✓] B.Sc Chemistry (Hons) [ ] B.Sc Mathematics(Hons)

[ ] MA English [ ] MA Psychology [ ] M.Sc Physics [ ] M.Sc Chemistry [ ] M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. SAYANTIKA KARMAKAR

Gender: [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [✓] OBC [ ] Minority [ ] Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 14022003 Blood Group B+ve Mobile 8257921204

E-mail sayantikakarmakar07@gmail.com

Parent's Name Mr./Ms. SAJAL KARMAKAR

Tel (Res) _____ (Mobile) 9436451670 Nationality INDIAN

Present Address RAMNAGAR ROAD NO.7 LAST END
P.O. RAMNAGAR
AMARTALA TRIPURA 799002

Permanent Address RAMNAGAR ROAD NO.7 LAST END
P.O. RAMNAGAR
AMARTALA TRIPURA 799002

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Holy Cross School	Agartala	ICSE		2020	84.8%	
XII	S/O Sri Ramshankar Vidyamandir	Agartala	CBSE	Science	2022	76.8%	
Graduation							
Others							

Non-submission of mark sheets/ grade sheets of all examinations covered in response of application form

b. Name & Address of the College (for Bachelor Degree)

THE ICFAI UNIVERSITY
P.O. KAMALGHAT MOHANPUR
City AGARTALA
State TRIPURA Pin 0

The ICFAI University Tripura

CUT HERE

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0693

Please Tick (✓) the program you wish to enroll:

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☑ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics ☐

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. SHREYASI DEY

Gender: ☐ Male ☑ Female ☐ Transgender

Whether You belong to: ☐ SC ☐ ST ☐ OBC ☐ Minority ☑ Others [Please Tick any one(s)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 23/12/2002 Blood Group O+ Mobile 8794382722

E-mail shreyasi1823@gmail.com

Parent's Name Mr./Ms. KAMAL DEY

Tel (Res) _____ (Mobile) 9366080742 Nationality INDIAN.

Present Address VILL RAMNAGAR GANGAIL ROAD PO RAMNAGAR AGARTALA TRIPURA 799002

Permanent Address DO

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Kendriya Vidyala S.N.Gr	Agartala	C.B.S.E		2018	86.6%	
XII	Hindu Higher Secondary School	Agartala	C.B.S.E	Science	2020	75.4%	
Graduation							
Others							

Note: Submit copies of mark sheets and certificates of all the above mentioned qualifications.

b. Name & Address of the College (for Bachelor Degree)

City

State Pin

The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0877

Please Tick (✓) the program you wish to enroll:

[ ] BA. English(Hons) [ ] BA Psychology(Hons) [ ] B.Sc. Physics(Hons) [✓] B.Sc Chemistry (Hons) [ ] B.Sc Mathematics(Hons)

[ ] MA English [ ] MA Psychology [ ] M.Sc Physics [ ] M.Sc Chemistry [ ] M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. ✓ SHRISTI DATTA

Gender Male ✓ Female Transgender

Whether You belong to [ ] SC [ ] ST [ ] OBC [ ] Minority [✓] Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 14102004 Blood Group B+ Mobile 6033315145

E-mail shrisldatta09@gmail.com

Parent's Name ✓ Mr./Ms. SUBRATA DATTA

Tel (Res) (Mobile) 9436485588 Nationality INDIAN

Present Address NORTH BADHAR GHAT (UNNAYAN SANGHA)
PO-AD NAGAR
AGARTALA TRIPURA WEST 799003

Permanent Address ——— Do ———

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Auxilium	Agartala	CBSE		2021	90.4%	
XII	Assam Rifles	Agartala	CBSE	Science	2023	78%	
Graduation							
Others							

Non-submission of mark sheets, proof of age and qualifications at the time of admission will lead to cancellation of admission.

b. Name & Address of the College (for Bachelor Degree)

City

State Pin

The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0496

Please Tick (✓) the program you wish to enroll:

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☑ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. SNEHA CHOUDHURY

Gender: ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ☑ Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 03/01/2005 Blood Group A+Ve Mobile 9233816266

E-mail smehachoudhury6608@gmail.com

Parent's Name Mr./Ms. BHAJAN CHOUDHURY

Tel (Res) Mobile 8794023687 Nationality Indian

Present Address VILL-SONAPUR. P.O-BARPATHARI

BELONIA SOUTH TRIPURA

TRIPURA 799155

Permanent Address VILL-SONAPUR P.O-BARPATHARI

BELONIA SOUTH TRIPURA

TRIPURA 799155

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Belonia Govt Tug Medium H.S. School	Belonia	TBSE		2021	76%	
XII			CBSE	Science	2023	69.2%	
Graduation							
Others							

Non-submission of mark sheets, grade sheets of all examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree)

City

State

Pin

CUT HERE

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala Sirma Road, PO Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0636

Please Tick (✓) the program you wish to enroll:

[ ] BA English(Hons) [ ] BA Psychology(Hons) [ ] B.Sc Physics(Hons) [✓] B.Sc Chemistry (Hons) [ ] B.Sc Mathematics(Hons)

[ ] MA English [ ] MA Psychology [ ] M.Sc Physics [ ] M.Sc Chemistry [ ] M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. SNEHA DATTA

Gender: [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [ ] OBC [ ] Minority [✓] Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 27/02/2009 Blood Group BT Mobile 9863500613

E-mail dattasneha2009@gmail.com

Parent's Name Mr./Ms. NILADRI DATTA HENRICHISIM

Tel (Res) 9862633787 Mobile 9863500613 Nationality Indian

Present Address U.T.I. AGARTALA RADIO CENTRE GALI

AGARTALA TRIPURA 799001

Permanent Address UTI AGARTALA RADIO CENTRE GALI

AGARTALA TRIPURA 799001

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	SSRVM	Agartala	CBSE	Science	2021	92.2%	
XII	BTVM	Agartala	CBSE	Science	2023	71.2%	
Graduation							
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree)

City

State Pin

The ICFAI University Tripura

Tushar Barik
20107635 0002
B.Sc (H)

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 1066

Please Tick (✓) the program you wish to enroll.

☐ BA English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☑ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]**

Mr./Ms. SNEHA DEBNATH

Gender ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 29042004 Blood Group +O Mobile 8258802759

E-mail SNEHADEBNATH339@GMAIL.COM

Parent's Name Mr./Ms. JAYANTA KUMAR DEBNATH

Tel (Res) _____ (Mobile) 8787515203 Nationality Indian

Present Address TOWN INDRA NAGAR,

AGARTALA TRIPURA 799007

Permanent Address TOWN INDRA NAGAR,

AGARTALA TRIPURA 799007

3. a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	M.T.Girls HS School	Agartala	T.B.S.E	all (Science+Arts)	2021	88%	5
XII	M.T.Girls HS School	Agartala	T.B.S.E	Science	2023	76.4%	5
Graduation							
Others							

Non-submission of mark sheets / certificates may lead to provisional admission.

b. Name & Address of the College (for Bachelor Degree) City

State Pin

The ICFAI University Tripura

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0678

Please Tick (✓) the program you wish to enroll:

[ ] BA English(Hons) [ ] BA Psychology(Hons) [ ] B.Sc Physics(Hons) [✓] B.Sc Chemistry (Hons) [ ] B.Sc Mathematics(Hons)

[ ] MA English [ ] MA Psychology [ ] M.Sc Physics [ ] M.Sc Chemistry [ ] M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. SNEHAMITA DAS

Gender : [ ] Male [✓] Female [ ] Transgender

Whether You belong to [✓] SC [ ] ST [ ] OBC [ ] Minority [ ] Others [Please Tick any one(✓)]

Paste a recent color photograph of size 3.5 x 4.5 cms. The photograph must not be larger than this box. Do not sign on the photograph and do not staple

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 18/02/2005 Blood Group B+ Mobile 7005854801

E-mail SNEHAMITA2005@GMAIL.COM

Parent's Name Mr./Ms. MRINMOY DAS

Tel (Res) _____ (Mobile) 7005376740 Nationality INDIAN

Present Address AGARTALA MATHCHOWMUHANI NEAR SBI BANK (WEST TRIPURA) AGARTALA TRIPURA 799001

Permanent Address AGARTALA MATHCHOWMUHANI NEAR SBI BANK AGARTALA TRIPURA 799001

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College		Board/University	Stream (Science/Arts/Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Modern H.S school	Agartala	CBSE	Science	2021	84.6%	6
XII	Modern H.S school	Agartala	CBSE	Science	2023	74.4%	6
Graduation							
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree) City State Pin

The ICFAI University Tripura

Name: Puma Saha
ID: 9823129374
IUT CAMPUS (81) Tripura.

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0277

Please Tick (✓) the program you wish to enroll:

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☑ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)
☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]**

Mr./Ms. SNEHASISH DEB

Gender : ✓ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ✓ Others [Please Tick any one(√)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 27/2/2004 Blood Group AB+ Mobile 8787490602

E-mail snehasishdebsabt12@gmail.com

Parent's Name Mr./Ms. SANJIB DEB

Tel (Res) (Mobile) 9862974450 Nationality INDIAN

Present Address INDRANAGAR SATSANGHA CHOWMUHANI
AGARTALA WEST TRIPURA PIN-799006

Permanent Address POT VILL INDRANAGAR
AGARTALA TRIPURA 799006

3. a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	HDA ACADEMY	AGARTALA	TBSE		2021	84.2%	
XII	HDA	AGARTALA	CBSE	SCIENCE	2023	59%	
Graduation							
Others							

Non submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree) City Pin

The ICFAI University Tripura

CUT HERE

SAP Name: Abhinandan Das
ID: 20/UTQ1364/20
IUT CAMPUS 862
The ICFAI University Tripura.

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala Simna Road, PO: Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

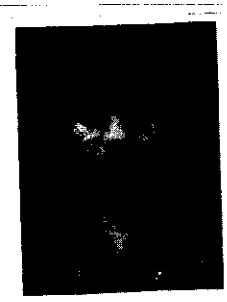
Application No. IUT823- 0948

Please Tick (✓) the program you wish to enroll.

☐ BA English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☑ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. SOURADEEP NAMADAS

Gender : ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☑ SC ☐ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 05/12/2004 Blood Group O+ve Mobile 7005988024

E-mail SOURADEEPNAMADAS@GMAIL.COM

Parent's Name Mr./Ms. SWAPAN NAMADAS

Tel (Res) (Mobile) 7085802995 Nationality INDIAN

Present Address UTTAR RANCHANDRAGHAT

PO-RANCHANDRA GHAT

KHOWAI TRIPURA 799207

Permanent Address UTTAR RANCHANDRA GHAT

PO-RANCHANDRA GHAT

KHOWAI TRIPURA 799207

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Jawahar Navodaya Vidyalaya	R.C.Ghat	CBSE	Science	2021	67.2	
XII	J.N.V	R.C.Ghat	CBSE	Science	2023	54.2	
Graduation							
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree)

City

State Pin

The ICFAI University Tripura

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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kumalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0434

Please Tick (✓) the program you wish to enroll:

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☑ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. SOURAV RABI DAS

SOURAV RABI DAS
12-03-2023

Gender : ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☑ SC ☐ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(✓)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 26/12/2001 Blood Group O+ Mobile 7005455565

E-mail rabi.sourav@gmail.com

Parent's Name Mr./Ms. SANKAR RABI DAS Mobile 7005455565 Nationality INDIAN

Tel (Res)

Present Address UDAIPUR TOWN SOUNAMURA

UDAIPUR TRIPURA 799120

Permanent Address UDAIPUR TOWN SOUNAMURA

UDAIPUR TRIPURA 799120

3. ACADEMIC RECORD: SCHOOL / COLLEGE

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	UEMHSS MODERN U.S	UDAIPUR AGARTALA	TBSE CBSE	SCIENCE	2018 2021	82% 87.4%	PCMB
XII							
Graduation							
Others							

Non submission of marksheets, grade sheets in all courses and any deviation may lead to cancellation of application/admission.

b. Name & Address of the College (for Bachelor Degree)

City Pin

State

The ICFAI University Tripura

Ambalikagram, 90, U.T (660064) (ICE)

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0429

Please Tick (✓) the program you wish to enroll:

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☑ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. SURASREEJA DAS

Gender: Male ~~Female~~ Transgender

Whether You belong to: SC ST OBC Minority ~~Others~~ [Please Tick any one(✓)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 01/12/2004 Blood Group B+ Mobile 9366479426

E-mail sdas138259@gmail.com

Parent's Name Mr./Ms. GAUTAM KUMAR DAS

Tel (Res) 9436127465 (Mobile) 7005923872 Nationality Indian

Present Address VILL RAMKRISHNA PALLY

P.O + P.S BISHRAMGANJ

DIST SEPAHIJALA TRIPURA 799103

Permanent Address C/O SAMIR BATTACHARJEE

RAMNAGAR-8

AGARTALA TRIPURA 799001

3. ACADEMIC RECORD: SCHOOL / COLLEGE

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Auxilium Girls School	Agartala.	CBSE	AU subject	2021	80%	AU Subj
XII	AUXILIUM GIRLS School	AGARTALA	CBSE	Science	2023	87%	Eng/Phy/C Bio/Pra
Graduation							
Others							

Non submission of mark sheets under Sl. No. 3 a. above may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree):

City

State Pin

The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Sonna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

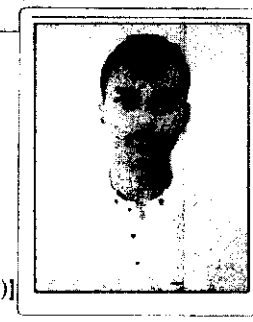
Application No. IUT823- 0633

Please Tick (✓) the program you wish to enroll.

☐ BA. English(Hons) ☐ BA Psychology (Hons) ☐ B.Sc Physics(Hons) ☑ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]**



Mr./Ms. SUSHANTA SARKAR

Gender : ✓ Male ☐ Female ☐ Transgender

Whether You belong to ✓ SC ☐ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 02012005 Blood Group AB+ Mobile 9837427523

E-mail sushanta05642@gmail.com

Parent's Name Mr./Ms. TAPAS SARKAR

Tel (Res) ____ (Mobile) 9615646141 Nationality INDIAN

Present Address KHAJUR BAGAN BARJALA

AGARTALA TRIPURA 799006

Permanent Address DO

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	BODHJUNG BOYS	AGARTALA	TBSE		2021	88 %	
XII	BODHJUNG BOYS	AGARTALA	TBSE	SCIENCE	2023	66 %	ENG; PHYSIC MATH; PSY
Graduation							
Others							

Non-submission of mark sheets (under threat of [illegible] may lead to rejection of application form.

b. Name & Address of the College (for Bachelor Degree)

City

State

Pin

The ICFAI University Tripura

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IUT CAMPUS
The ICFAI University Tripura.

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0687

Please Tick (✓) the program you wish to enroll:

BA English(Hons) | BA Psychology(Hons) | B.Sc Physics(Hons) | ✓ B.Sc Chemistry (Hons) | B.Sc Mathematics(Hons)

MA English | MA Psychology | M.Sc Physics | M.Sc Chemistry | M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. TANIYA DAS CHOUDHURY

Gender : Male ✓ Female Transgender

Whether You belong to ✓ SC ST OBC Minority Others [Please Tick any one(✓)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 10/12/2023 Blood Group O+ve Mobile 9436723429

E-mail BIJOYASENOO@GMAIL.COM

Parent's Name Mr./Ms. SUKUMAR DAS CHOUDHURY

Tel (Res) (Mobile) 9436515458 Nationality INDIAN

Present Address D/O SUKUMAR DAS CHOUDHURY
FULCHARI 8NO WARD KAMALPUR N.P
KAMALPUR DHALAI TRIPURA 799285

Permanent Address D/O SUKUMAR DAS CHOUDHURY
FULCHARI 8NO WARD KAMALPUR N.P
KAMALPUR DHALAI TRIPURA 799285

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	K.C GIRLS' CLASS XII SCHOOL	Kamalpur	TBSE		2021	91.2%	5
XII	K.C GIRLS' CLASS XII SCHOOL	Kamalpur	TBSE	Science	2023	63.2%	5
Graduation							
Others							

b. Name & Address of the College (for Bachelor Degree)

City

State Pin

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

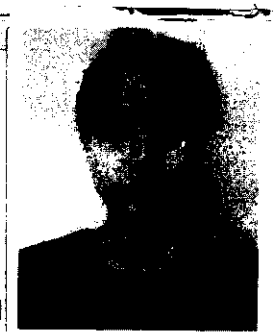
Please submit the completed Application Form to: University Campus, Agartala Simna Road, PO. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0866

Please Tick (✓) the program you wish to enroll:

[ ] BA. English(Hons) [ ] BA Psychology(Hons) [ ] B.Sc Physics(Hons) [✓] B.Sc Chemistry (Hons) [ ] B.Sc Mathematics(Hons)

[ ] MA English [ ] MA Psychology [ ] M.Sc Physics [ ] M.Sc Chemistry [ ] M.Sc Mathematics



1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. TRIMUKTIPURA

Gender: [ ] Male [✓] Female [ ] Transgender

Whether You belong to: [ ] SC [✓] ST [ ] OBC [ ] Minority [ ] Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 30/06/2004 Blood Group O+ Mobile 7085857876

E-mail tripuratrimukti@gmail.com

Parent's Name Mr./Ms. Charan kuman Tripura

Tel (Res) (Mobile) 7085857876 Nationality Indian

Present Address Maina chani P.O: Satchand P.S: Manu Bazar district: South Tripura Pin: 799143 subdivision: Sabroom

Permanent Address Maina chani same

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Chakmaghat English Medium school	Sabroom	TBSE	Board	2021	68.6	
XII	St. Pauls school	Agartala	ISC	Science	2023	97.8	
Graduation							
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form.

b. Name & Address of the College (for Bachelor Degree)

City

State Pin

The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 3(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Sonna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

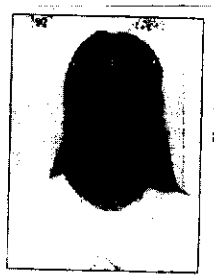
Application No. IUT823- 1025

Please Tick (✓) the program you wish to enroll:

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☑ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]**



Mr./Ms. VICTORIA JAMATIA

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(s)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 10/02/2006 Blood Group O+ve Mobile 9089712672

E-mail VICTORIAJAMATIA6565@GMAIL.COM

Parent's Name Mr./Ms APARNA JAMATIA

Tel (Res) ..... (Mobile) 9863671065 Nationality INDIAN

Present Address SALKA KAMI BARAMURA

PS-TELIAMURA PO HAWAIBARI

PINCODE 799205

Permanent Address SALKA KAMI KARAMURA

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	VARIETY ACADEMY	Khumulwng	TBSE		2021	66%	maths Kok Engli Science Socials
XII	Montford Hr	Dharmanagar	CBSE	Science	2023	63%	Eng. phy. chem Bio
Graduation							
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form.

b. Name & Address of the College (for Bachelor Degree)

City

State Pin

CUT HERE

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

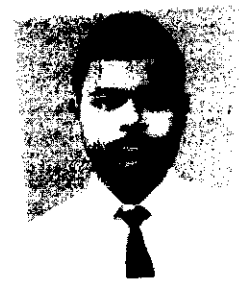
Application No. IUT823- 034

Please Tick (✓) the program you wish to enroll:

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☑ B.Sc Physics(Hons) ☐ B Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. ABHINABA BAIDYA

Gender: ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ☑ Others [Please Tick any one(√)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 08042005 Blood Group O +ve Mobile 9366539773

E-mail baidyaabhinaba@gmail.com

Parent's Name Mr./Ms. SUCHITRA BAIDYA

Tel (Res) (Mobile) 9862472790 Nationality INDIAN

Present Address

Permanent Address VILL-MADHYAPILAK; PO-DEBDARU

DIST.-SOUTH TRIPURA; STATE-TRIPURA

JOLAIBARI TRIPURA 799114

3. ACADEMIC RECORD: SCHOOL / COLLEGE

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects
X	Udaipur E.M. H/S school	UDAIPUR	TBSE		2021	75.2%	
XII	Udaipur E.M. H/S school	UDAIPUR	CBSE	SCIENCE	2023	58.4%	
Graduation							
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of Application Form

b. Name & Address of the College (for Bachelor Degree) City

State

The ICFAI University Tripura

Bharat Loan
22IUTC010135
714

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 1063

Please Tick (✓) the program you wish to enroll:

☐ BA English(Hons) ☐ BA Psychology(Hons) ☑ B Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. ANIK SHIL

Gender: ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(✓)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 26122004 Blood Group Mobile 7628937697

E-mail anikshil7628@gmail.com

Parent's Name Mr./Ms. SANTU SHIL

Tel (Res) (Mobile) 8119096436 Nationality Indian

Present Address DAKSHIN MATABARI, MATABARI, RKPUR UDAIPUR GOMATI DIST UDAIPUR TRIPURA 799013

Permanent Address DAKSHIN MATABARI, MATABARI RKPUR UDAIPUR GOMATI DIST UDAIPUR TRIPURA 799120

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Vivekananda Vidyapith	Udaipur	TBSE		2021	75.4	Beng, Eng, Math, Sc, SS
XII	"	"	"		2023	52.0	Eng, Physics, Math, Chem, Beng
Graduation							
Others							

Non submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form.

b. Name & Address of the College (for Bachelor Degree)

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

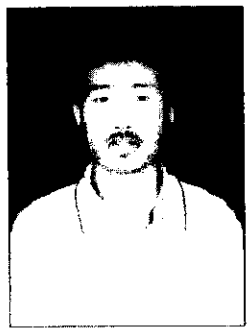
Application No. IUT823- 0971

Please Tick (✓) the program you wish to enroll:

[ ] BA English(Hons) [ ] BA Psychology(Hons) [✓] B.Sc Physics(Hons) [ ] B.Sc Chemistry (Hons) [ ] B.Sc Mathematics(Hons)

[ ] MA English [ ] MA Psychology [ ] M.Sc Physics [ ] M.Sc Chemistry [ ] M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. AICHUK DEBBARMA

Gender : [✓] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority [ ] Others (Please Tick any one(✓))

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 18/2/2004 Blood Group A+ve Mobile 9863103187

E-mail debbarmasudarsan234@gmail.com

Parent's Name Mr./Ms. Sudarsan Debbarma

Tel (Res) (Mobile) 9863103187 Nationality Indian

Present Address Abhoynagar Agartala

Agartala Tripura 799005

Permanent Address Madhya Ghania Mara

Takarjala Tripura 799102

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks (CGPA)	Subjects (if any)
X	St Xaviers	Agartala	CBSE	Arts	2021	64	
XII	Modern H/S	Agartala	CBSE	Science	2023	63	
Graduation							
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree) THE ICFAI UNIVERSITY

City Agartala

The ICFAI University Tripura

Chandrajit Dhar
22IUT0150028
(289).

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Application No. IUT823- 0165

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll:

BA. English (Hons) | BA Psychology(Hons) | ✓ B Sc Physics(Hons) | B Sc Chemistry (Hons) | B Sc Mathematics(Hons)

MA English | MA Psychology | M Sc Physics | M Sc Chemistry | M Sc Mathematics

1. **NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]**

Mr./Ms. ROY ROY

Gender : ✓ Male | Female | Transgender

Whether You belong to | SC | ST | ✓ OBC | Minority | Others [Please Tick any one(✓)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 15/02/2003 Blood Group B+ Mobile 9863570988

E-mail royroy02@gmail.com

Parent's Name Mr./Ms. MRINAL KANTI ROY

Tel (Res) (Mobile) 8837084539 Nationality INDIAN

Present Address SUBHASNAGAR PRATAPGARH AGARTALA TRIPURA 799004

Permanent Address KALAMCHOWRA BOXNAGAR RDBLOCK SEPAHIJALA TRIPURA 799102

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	U.K. ACADEMY	AGARTALA	TBSE		2020	81.2%	
XII	U.K. ACADEMY	AGARTALA	TBSE	SCIENCE	2022	84.6%	
Graduation							
Others							

Non submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree) City

The ICFAI University, Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Application No. IUT823- 0711

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll:

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☑ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. BIPRADEEP SARKAR

Gender : ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(s)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 27102003 Blood Group 'B+' Mobile 6009463225

E-mail Sarkarpurnima2710@gmail.com.

Parent's Name Mr./Ms. BISHNUPADA SARKAR

Tel (Res) ..... (Mobile) 8837209282 Nationality INDIAN

Present Address SOUTH INDRANAGAR

P.O - INDRANAGAR P.S - N.C.C AGARTALA

AGARTALA TRIPURA 799006

Permanent Address SOUTH INDRANAGAR, P.O - INDRANA GAR

P.S - N.C.C. AGARTALA, DIST - WEST TRIPURA

AGARTALA TRIPURA 799006

3. ACADEMIC RECORD: SCHOOL / COLLEGE

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects
X	U.K.E.M H.S	AGARTALA	TBSE	~~SCIENCE~~	2020	86%	B.E. Math Sci. Soc. Sc.
XII	U.K.E.M. H.S	AGARTALA	CBSE	SCIENCE	2022	79%	ENG, PHY, CH MATH, ~~BIOL~~ (BIOL)
Graduation							
Others							

Non-submission of mark-sheets/ grade-sheets of all examinations may lead to rejection of application.

b. Name & Address of the College (for Bachelor Degree) City

The ICFAI University, Tripura

CUT HERE

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 11602

Please Tick (✓) the program you wish to enroll

[ ] BA English(Hons) [ ] BA Psychology(Hons) [✓] B.Sc Physics(Hons) [ ] B.Sc Chemistry (Hons) [ ] B.Sc Mathematics(Hons)

[ ] MA English [ ] MA Psychology [ ] M.Sc Physics [ ] M.Sc Chemistry [ ] M.Sc Mathematics

1. **NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]**

Mr./Ms. BIRKISHORE CHAKMA

Gender : [✓] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority [ ] Others [Please Tick any one(√)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 10/1/2002 Blood Group ..... Mobile 9863194493

E-mail binkishorechakma@gmail.com

Parent's Name Mr./Ms. KUKIHASWAR CHAKMA

Tel (Res) ..... (Mobile) 8233000696 Nationality INDIAN

Present Address NANDANNAGAR MASJID PARA

AGARTALA TRIPURA 799006

Permanent Address LAIPADA PARA, LAXMI PUR, DHALAI,

TRIPURA

AGARTALA TRIPURA 799084

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	ST. ARNOLD'S HIGH SCHOOL	GANDACHERRA	TBSE		2021	92.2%	
XII	Holy CROSS SCHOOL	AGARTALA	ISC	Science	2023		
Graduation							
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form.

b. Name & Address of the College (for Bachelor Degree) KAMALGHAT, MOHANPUR, AGARTALA

City AGARTALA

CUT HERE

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO. Kamalghat, Mohanpur, Agartala-799 210. Tripura (West)

Application No. IUT823-0321

Please Tick (✓) the program you wish to enroll:

[ ] BA English(Hons) [ ] BA Psychology(Hons) [✓] B.Sc Physics(Hons) [ ] B.Sc Chemistry (Hons) [ ] B.Sc Mathematics(Hons)

[ ] MA English [ ] MA Psychology [ ] M.Sc Physics [ ] M.Sc Chemistry [ ] M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. BISWAJIT RUDRA PAUL

Gender : [✓] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [✓] OBC [ ] Minority [ ] Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 26022004 Blood Group A+ Mobile 6009698055

E-mail biswajitrudrapaul038@gmail.com

Parent's Name Mr./Ms. KIRAN RUDRA PAUL

Tel (Res) _____ (Mobile) 9612-501181 Nationality Indian

Present Address DURGANAGAR, RAMKRISHNA NAGAR

AGARTALA PIN 799035

Permanent Address DO

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Kanchanpur Vidhyapeeth Kanchanpur	TBSE	N/A	2020	75.2		
XII	DO	DO	DO	Science	2022	69.2	
Graduation							
Others							

Non-submission of mark sheets / grade sheets of all examinations may lead to rejection of application form

5. Name & Address of the College for Bachelor Degree) City

The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

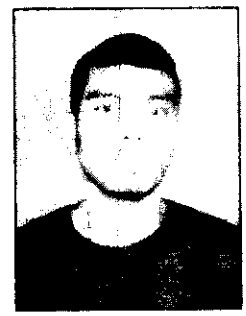
Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0274

Please Tick (✓) the program you wish to enroll:

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☑ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)
☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. DIPAM BARMAN

Gender : ✓ Male ☐ Female ☐ Transgender

Whether You belong to ✓ SC ☐ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(✓)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 12022004 Blood Group ____ Mobile 9233626473

E-mail dipambarman27@gmail.com

Parent's Name Mr./Ms. DILIP BARMAN

Tel (Res) ____ (Mobile) 9436513605 Nationality INDIAN

Present Address DURGANAGAR PO-KHOWAI PS-KHOWAI
DISTRICT-KHOWAI
KHOWAI TRIPURA 799201

Permanent Address DURGANAGAR PO-KHOWAI PS-KHOWAI
DISTRICT-KHOWAI
KHOWAI TRIPURA 799201

3. ACADEMIC RECORD: SCHOOL / COLLEGE

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subject covered
X	K.G.E.M.H.S.S	KHOWAI	TBSE		2021	90.6	5
XII	K.G.E.M.H.S.S	KHOWAI	CBSE	Science	2023	73.8	6
Graduation							
Others							

Non-submission of mark sheets/ grade sheets of the above qualifications may lead to rejection of application form.

b. Name & Address of the College (for Bachelor Degree) City

The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application No. IUT823- 1019

Please Tick (✓) the program you wish to enroll:

[ ] BA. English(Hons) [ ] BA Psychology(Hons) [✓] B.Sc Physics(Hons) [ ] B.Sc Chemistry (Hons) [ ] B.Sc Mathematics(Hons)

[ ] MA English [ ] MA Psychology [ ] M.Sc Physics [ ] M.Sc Chemistry [ ] M.Sc Mathematics

1 **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. DIYA DEY

Gender: [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [ ] OBC [ ] Minority [✓] Others [Please Tick any one(✓)]

2 **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 24082003 Blood Group A+ Mobile 9612051742

E-mail deydiya24a@gmail.com.

Parent's Name Mr./Ms. SUBHASH CHANDRA DEY

Tel (Res) (Mobile) 8131988817 Nationality Indian.

Present Address VILL & P.O.- RAJNAGAR, SUB-DIV.-BELONIA, DIST.-SOUTH TRIPURA, PIN- 799150

Permanent Address -DO-

3 **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School/College	City	Board/University	Stream (Science/Arts/Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	T.V.M.	Agartala	CBSE	-	2020	85.6%	
XII	T.V.M.	Agartala	CBSE	Science	2022	80.2%	
Graduation							
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

9. Name & Address of the College for Bachelor Degree) City

The ICFAI University, Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0997

Please Tick (✓) the program you wish to enroll:

[ ] BA. English(Hons) [ ] BA Psychology(Hons) [✓] B.Sc Physics(Hons) [ ] B.Sc Chemistry (Hons) [ ] B.Sc Mathematics(Hons)

[ ] MA English [ ] MA Psychology [ ] M.Sc Physics [ ] M.Sc Chemistry [ ] M.Sc Mathematics

1. NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. GAURAB BHADRA

Gender [✓] Male [ ] Female [ ] Transgender

Whether You belong to [✓] SC [ ] ST [ ] OBC [ ] Minority [ ] Others [Please Tick any one(✓)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 07072004 Blood Group A+ve Mobile 9366361257

E-mail bhadragaurav933@gmail.com

Parent's Name Mr./Ms. BHABES CHANDRA BHADRA

Tel (Res) (Mobile) 8837047922 Nationality INDIAN

Present Address RANNAGAR ROAD-7

AGARTALA TRIPURA 799002

Permanent Address VILL-JANTI PARA PO-KANALGHAT

PS-LEFUNGA

AGARTALA TRIPURA 799210

3. ACADEMIC RECORD: SCHOOL / COLLEGE

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	HOLY CROSS SCHOOL	AGARTALA	ICSE		2021	88%	
XII	HOLY CROSS SCHOOL	AGARTALA	ISC	SCIENCE	2023	75%	PCMB
Graduation							
Other							

Non-submission of mark sheets/ grade sheets of all exams will lead to rejection of application form.

b. Name & Address of the College (for Bachelor Degree) City

The ICFAI University Tripura

(6.5)

SAP Name : Bishnu Chakraborty

ID : .....

IUT City Office
The ICFAI University Tripura.

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

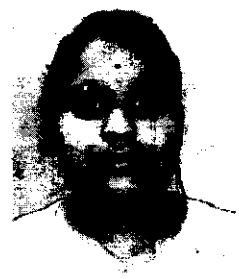
Application No. IUT823- 06012

Please Tick (✓) the program you wish to enroll:

☐ BA English(Hons) ☐ BA Psychology(Hons) ☑ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]**



Mr./Ms. JAYITA DATTA

Gender ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ☑ Others [Please Tick any one(✓)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 03092004 Blood Group B+ Mobile 8132993749

E-mail jayitadatta53@gmail.com

Parent's Name Mr./Ms. TAPAN DATTA

Tel (Res) (Mobile) 8787818428 Nationality

Present Address RAMNAGAR02 AGARTALA WEST TRIPURA

TRIPURA

Permanent Address TELIAMURA KHOWAI TRIPURA

TELIAMURA TRIPURA 799205

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks/ CGPA	Subjects (one/two)
X	Kabi Nazrul	Teliamura	TBSE		2020	88.6%	5
XII	Kabi Nazrul	Teliamura	TBSE	Science	2022	81.6%	
Graduation							
Others							

Non submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

4. Name & Address of the College (for Bachelor Degree) City

The ICFAI University Tripura

Sourav Das
19/10/2005
(380)

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO: Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0821

Please Tick (✓) the program you wish to enroll.

☐ BA English(Hons) ☐ BA Psychology(Hons) ☑ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]**

Mr./Ms. JUTHIKA NAIK

Gender: Male ✓ Female Transgender

Whether You belong to: SC ST OBC Minority Others [Please Tick any one(✓)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 7/12/2004 Blood Group Mobile 9863871117

E-mail juthikanaik@gmail.com

Parent's Name Mr./Ms. JADUNANDAN NAIR

Tel (Res) (Mobile) 6009832911 Nationality INDIAN

Present Address VILL- LALCHARI; PO- MARACHARA

DIST- DHALAI PIN- 799285

Permanent Address DO

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects (Optional)
X	Marachara High School	Kamalpur	TBSE	Science	2021	92.6	
XII	Marachara H.S	Kamalpur	TBSE	Science	2023	61	
Graduation							
Others							

Note: Unsigned / Blank Sheets/ grade sheets of all examinations may lead to rejection of application form.

b. Name & Address of the College (for Bachelor Degree) City

The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

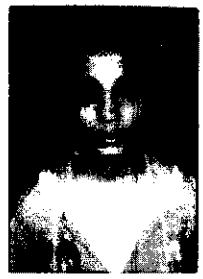
Application No. IUT823- 0131

Please Tick (✓) the program you wish to enroll:

[ ] BA English(Hons) [ ] BA Psychology(Hons) [✓] B Sc Physics(Hons) [ ] B.Sc Chemistry (Hons) [ ] B.Sc Mathematics(Hons)

[ ] MA English [ ] MA Psychology [ ] M Sc Physics [ ] M Sc Chemistry [ ] M Sc Mathematics

1. NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr/Ms. MERINA MAJUMDER

Gender: [ ] Male [✓] Female [ ] Transgender

Whether You belong to: [ ] SC [ ] ST [✓] OBC [ ] Minority [ ] Others [Please Tick any one(✓)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 02022005 Blood Group Mobile 9436532960

E-mail pintumajumder@pintumajumder@gmail.com

Parent's Name Mr/Ms. PINTU MAJUMDER

Tel (Res) (Mobile) 9436532960 Nationality INDIAN

Present Address NOAGOAN, KAMALPUR, DHALAI, TRIPURA, 799285

Permanent Address NOAGOAN KAMALPUR DHALAI TRIPURA 799285

3. ACADEMIC RECORD: SCHOOL / COLLEGE

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	KGEMHS	KAMALPUR	TBSE	-	2021	87.8%	Eng, Math, S.Sc
XII	KGEMHS	KAMALPUR	CBSE	SCIENCE	2023	60.4%	Eng, Phy, Chem, Bio, Phy. edu.
Graduation	-	-	-	-	-	-	-
Others	-	-	-	-	-	-	-

Non submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree)

The ICFAI University TRIPURA

IUT CAMPUS 2870
The ICFAI University Tripura.

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Application No. IUT823- 0837

Please submit the completed Application Form to: University Campus, Agartala-Simna Road PO Kamalghat Mohanpur, Agartala 799 210, Tripura (West)

Please Tick (✓) the program you wish to enroll:

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☑ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. MRIGANKA SEKHAR DAS

Gender: ✓ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ✓ Others [Please Tick any one(✓)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 06/01/2003 Blood Group 'B'+VE Mobile 6009244308

E-mail mriganksd07

Parent's Name Mr./Ms. MANOJ DAS

Tel (Res) _____ (Mobile) 9402323638 Nationality INDIAN

Present Address VIL-JAMBURA PO-KHOWAI COURT
DT-KHOWAI
KHOWAI TRIPURA 799202

Permanent Address VILL-JAMBURA PO-KHOWAI COURT
DT-KHOWAI
KHOWAI TRIPURA 799202

3. ACADEMIC RECORD: SCHOOL / COLLEGE

a

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	DEROZEO MISSION	KHOWAI	CBSE		2019	79.9%	
XII	S.D.D.K. BABA	AGARTALA	C.B.S.E	SCIENCE	2021	71.8%	
Graduation							
Others							

Non submission of mark sheets/ grade sheets of all examinations may lead to rejection of application

b Name & Address of the College (for Bachelor Degree) _____ City _____

THE ICFAI UNIVERSITY TRIPURA

ICFAI UNIVERSITY TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8415952506, Fax 0381-2865752/62

Application form

EDUCATION PROGRAMS

Courses offered:

BSC-Physics (Hons.)

PERSONAL DETAILS

Admission Number: IUTON-823-101

Student Name: NILAYDEEP DAS

(As per the 10+2 Certificate)

Father Name: NARENDRA KUMAR DAS

Mother Name: REKHA RANI DAS

Date of Birth: 19/09/2004

Blood Group: A+

Identification Marks:

(As per the SSC Certificate)

1. -
2. -

Marital Status: Unmarried

Mother Tongue: BENGALI

SSC / X H.T.No: -

Nationality: Indian

Aadhar Card No: 658567528349

Student Mobile: 9233751258

Student E-mail: dasrekharani0@gmail.com

Father Mobile: 9862664640

Mother Mobile: 9612851196

Gender: Male

Community: SC

Location: Agartala City Office

COMMUNICATION DETAILS

Permanent Address		
Country: India	**State:** Tripura	
H.No: H.No	**Locality:** PASCHIMPARA	**Village/City:** P[illegible]BAZAR
Pincode: 799144	Tel: (R): -	(O) -

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

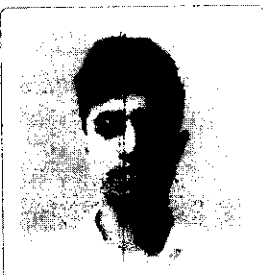
Application No. IUT823-

Please Tick (✓) the program you wish to enroll:

BA. English(Hons) | BA Psychology(Hons) | ✓ B.Sc Physics(Hons) | B Sc Chemistry (Hons) | B Sc Mathematics(Hons)

MA English | MA Psychology | M.Sc Physics | M.Sc Chemistry | M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. PINTU CHAKRABORTY

Gender: ✓ Male | Female | Transgender

Whether You belong to | SC | ST | OBC | Minority | ✓ Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 15122004 Blood Group O+ Mobile 9366313103

E-mail CHAKRABORTYPINTU965@GMAIL.COM

Parent's Name Mr./Ms. DEBASISH CHAKRABORTY

Tel (Res) (Mobile) 9366313103 Nationality INDIAN

Present Address DHALABIL KHOWAI TRIPURA

KHOWAI TRIPURA 799201

Permanent Address DHALABIL KHOWAI TRIPURA

KHOWAI TRIPURA 799201

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board	Science/Arts/Commerce	Year of Passing	% of Marks/CGPA	Subjects offered
X	Tea Garden High School	Khowai	TBSE		2021	73.4	5
XII	Govt Class XII School	Khowai	TBSE	Science	2023	90.2	5
Graduation							
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form.

b. Name & Address of the College (for Bachelor Degree) City

The ICFAI University Tripura

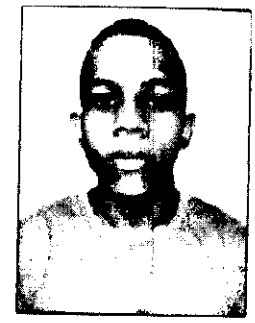
CUT HERE

ICFAI UNIVERSITY TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8415952506, Fax 0381-2865752/62

Application form

EDUCATION PROGRAMS



Courses offered:

BSC-Physics (Hons.)

PERSONAL DETAILS

Admission Number: IUTON-823-133

Student Name: RAHUL DATTA

(As per the 10+2 Certificate)

Father Name: NIKHIL DATTA

Mother Name: GOURI DAS GUPTA DATTA

Date of Birth: 21/05/2005

Blood Group: B+

Identification Marks:

(As per the SSC Certificate)

1. -
2. -

Marital Status: Unmarried

Mother Tongue: BENGALI

SSC / X H.T.No: -

Nationality: Indian

Aadhar Card No: 450350131569

Native Place & State: BISHRAMGANJ, TRIPURA

Student Mobile: 9863770048

Student E-mail: dattarajesh2018@gmail.com

Father Mobile: 7005327455

Mother Mobile: 9774281206

Gender: Male

Community: OBC

Location: Agartala City Office

COMMUNICATION DETAILS

Permanent Address

District: Sepahijala

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 102

Please Tick (✓) the program you wish to enroll:

☐ BA English(Hons) ☐ BA Psychology(Hons) ☑ B Sc Physics(Hons) ☐ B Sc Chemistry (Hons) ☐ B Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M Sc Physics ☐ M Sc Chemistry ☐ M Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms RAJ SARKAR

Gender ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☑ SC ☐ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(✓)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 28082003 Blood Group AB+ Mobile 6009845867

E-mail RAJSARKAR5867@GMAIL.COM

Parent's Name ☑ Mr./Ms. UTTAM KUMAR SARKAR

Tel (Res) (Mobile) 8014632182 Nationality INDIAN

Present Address RAMNAGAR KALIKAPUR BORDAR RAMPUR AGARTALA

Permanent Address RAMNAGAR KALIKAPUR BORDAR RAMPUR AGARTALA

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	UMAKANTA ACADEMY	Agartala	TBSE		2020	69.1%	7
XII	UMAKANTA ACADEMY	Agartala	TBSE	Science	2022	66.2%	5
Graduation							
Others							

Non submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree)

The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 1023

Please Tick (✓) the program you wish to enroll

BA English(Hons) | BA Psychology(Hons) | ✓ B.Sc Physics(Hons) | B.Sc Chemistry (Hons) | B.Sc Mathematics(Hons)

MA English | MA Psychology | M.Sc Physics | M.Sc Chemistry | M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. RAKTIM GOPE

Gender: ✓ Male | Female | Transgender

Whether You belong to | SC | ST | ✓ OBC | Minority | Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 30/12/2004 Blood Group -ve Mobile 8119016413

E-mail raktimgope66@gmail.com

Parent's Name Mr./Ms. Joydip Gope

Tel (Res) (Mobile) 8119016413 Nationality INDIA

Present Address MOHANPUR PS SAIDAI POUDNAGAR VMOH ANPUR WARD NO 1 TRIPURA WEST

Permanent Address MOHANPUR TULABAGANCHOWMONHI

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	M.H.S. School	MOHANPUR	T.B.S.E		2021	96%	5
XII	M.H.S. SCHOOL	MOHANPUR	T.B.S.E	Science	2023	71%	5
Graduation							
Others							

b. Name & Address of the College (for Bachelor Degree) City

The ICFAI University Tripura

Ushaw Bora (UG-T0350(0) (787))

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

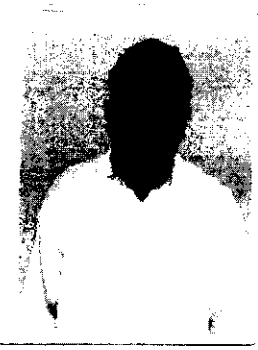
Application No. IUT823- 0074

Please Tick (✓) the program you wish to enroll

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☑ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1 NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. RASEL HOSSAIN

Gender ✓Male Female Transgender

Whether You belong to SC ST OBC ✓ Minority Others [Please Tick any one(✓)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 10/12/03 Blood Group B+ Mobile 9366234880

E-mail RIGHTORWRONG020@GMAIL.COM

Parent's Name Mr./Ms. SELIM MIAH

Tel (Res) (Mobile) 9862072699 Nationality Indian.

Present Address PRABHURAMPUR, BISHALGARH,

BISHALGARH TRIPURA 799102

Permanent Address PRABHURAMPUR, BISHALGARH

BISHALGARH TRIPURA 799102

3. ACADEMIC RECORD: SCHOOL / COLLEGE

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Kamalpura class All school	Bishalgarh	TBSE	Arts Science (All)	2020	79.2	5
XII	Bishalgarh class(XII) school	Bishalgarh	TBSE	Science	2022	74.8	5
Graduation							
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree)

The ICFAI University Tripura

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Application No.

IUT823- 0682

Please submit the completed Application Form to: University Campus,
Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll.

☐ BA English(Hons) ☐ BA Psychology(Hons) ☑ B.Sc. Physics(Hons) ☐ B.Sc. Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. RIMA ROY

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 06092003 Blood Group O+ Mobile 9862798506

E-mail roymini99@gmail.com

Parent's Name Mr./Ms. PLABAN ROY

Tel (Res) (Mobile) 9436787005 Nationality INDIAN

Present Address VILL-GUCHAMURA P/O-BAMUTIA
P/S-LEFUNGA DISTRICT-WEST TRIPURA
AGARTALA TRIPURA 799211

Permanent Address VILL-GUCHAMURA P/O-BAMUTIA
P/S-LEFUNGA DISTRICT-WEST TRIPURA
AGARTALA TRIPURA 799211

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects Offered
X	Shri Shri Ravishankar Vidya Mandir	Agartala	CBSE		2020	92.6%	5
XII	Hindi Higher Secondary School	Agartala	CBSE	Science	2022	70%	6
Graduation							
Others							

Non-submission of mark sheets, grade sheets of all examinations may lead to rejection of application form

b Name & Address of the College (for Bachelor Degree) ICFAI UNIVERSITY

X City AGARTALA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823-1031

Please Tick (✓) the program you wish to enroll:

☐ BA English (Hons) ☐ BA Psychology (Hons) ☐ B.Sc Physics (Hons) ☐ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics (Hons)

☐ MA English ☐ MA Psychology ☑ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. AMBARISH SINHA

Gender: ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(s)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 04012001 Blood Group A+ Mobile 8258904429

E-mail ambarishsinha707@gmail.com

Parent's Name Mr./Ms. ANUPAM SINHA

(Res) (Mobile) 8794275127 Nationality INDIAN

Present Address NORTH GOLDHARPUR KAILASHAHAR

UNAKOTI TRIPURA 799277

Permanent Address NORTH GOLDHARPUR

KAILASHAHAR TRIPURA 799277

3. ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Bimal Singha Academy	Kailashahar	TBSC	Science	2017	74%	
XII	Hargovind Singh H.S. school	Patna	BSEB	Science	2020	77.83%	
Graduation (Others)	ICFAI University	Mohanpur	ICFAI (UGC)	B.Sc. Physics	2022		

4. Name & Address of the College where Bachelor Degree? ICFAI UNIVERSITY

City KAMALGHAT MOHANPUR

The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Application No.

IUT823-

Please submit the completed Application Form to: University Campus, Agartala-Simna Road PO Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll:

☐ BA English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1 NAME OF THE APPLICANT (Use Capitals only) (As it appears in the School Certificates)

Mr./Ms. AMISHA DEY

Gender: ☐ Male ✓ Female ☐ Transgender

Whether You belong to: ☐ SC ☐ ST ☐ OBC ☐ Minority ✓ Others (Please Tick any one(✓))

2 PERSONAL DETAILS (Use Capitals only)

Date of Birth 21/2/2001 Blood Group O+VE Mobile 9863130617

E-mail DEYAMISHA66

Parent's Name Mr./Ms. ANABIK DEY

Tel (Res) (Mobile) 9612355513 Nationality INDIAN

Present Address EAST CHAMPAMURA

OLD AGARTALA

AGARTALA WEST TRIPURA 799005

Permanent Address EAST CHAMPAMURA

OLD AGARTALA

AGARTALA WEST TRIPURA 799005

3. ACADEMIC RECORD: SCHOOL / COLLEGE

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	TULA KONA HIGH SCHOOL	AGARTALA	TBSE		2018	75 %	
XII	[illegible]	AGARTALA	TBSE	SCIENCE	2020	71.2 %	
Graduation	ICFAI UNIVERSITY	AGARTALA		[illegible]	2023	8.93	
Others							

Non-submission of mark's sheet/ grade sheet of all examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree): ICFAI UNIVERSITY TRIPURA KAMALGHAT MOHANPUR AGARTALA

The ICFAI University Tripura

Subhash Bis... 9/24
UT Campus The ICFAI University Tripura.

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application No. IUT823- 11664

Please Tick (✓) the program you wish to enroll:

[ ] BA English(Hons) [ ] BA Psychology(Hons) [ ] B Sc Physics(Hons) [ ] B Sc Chemistry (Hons) [ ] B Sc Mathematics(Hons)
[ ] MA English [ ] MA Psychology [✓] M Sc Physics [ ] M Sc Chemistry [ ] M.Sc Mathematics

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. ANAYDEEP GHOSH

Gender : [✓] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [✓] OBC [ ] Minority [ ] Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 29082001 Blood Group B+ Mobile 9233252025

E-mail ghoshanaydeep@gmail.com

Parent's Name Mr./Ms. BHAKTIPADA GHOSH

Tel (Res) (Mobile) 9233252025 Nationality INDIAN

Present Address P.O-KULAI BAZAR
VILL-EASTNALICHARA
TRIPURA 799204

Permanent Address

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	KULAI CLASS XII	KULAI	TBSE	SC	2018	76.2	
XII	KULAI CLASS XII	KULAI	TBSE	SCIENCE	2020	71.4	
Graduation	R.K.M COLLAGE	KAILASHAHAR	TU	SCIENCE	2023	6.64	
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree) R. K. MAHAVIDYALAYA

City KAILASAHAR

State TRIPURA Pin 799277

The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Application No.

IUT823-

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll:

☐ BA English (Hons) ☐ BA Psychology (Hons) ☐ B.Sc Physics (Hons) ☐ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics (Hons)

☐ MA English ☐ MA Psychology ✓ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr/Ms ARPITA PAL

Gender ☐ Male ✓ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ✓ Others [Please Tick any one(✓)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 25/12/2001 Blood Group O+ Mobile 8414853652

E-mail arpitapal375@gmail.com

Parent's Name Mr./Ms Asim Pal, Bhaban Pal Chowdhury

Tel (Res) (Mobile) 9612897530 Nationality Indian

Present Address Vill + PO - Abhoynagar (Ujan)

Agartala Tripura 799005

Permanent Address Vill + PO - Abhoynagar (Ujan)

Agartala Tripura 799005

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	M.T.B. H/S	Agartala	T.B.S.E	–	2018	A+	Ben, Eng, Ma, Sc, SSc
XII	M.T.B. H/S	Agartala	T.B.S.E	Science	2020	A	Eng, Ph, Ch,
Graduation	ICFAI	Tripura	ICFAI	Science	2023		Physics Hc
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

b. Name & Address of the College for Bachelor Degree: ICFAI University, Tripura

The ICFAI University Tripura

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application No. IUT823-

Please Tick (✓) the program you wish to enroll.

☐ BA English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☑ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]**

Mr./Ms. BIPRADEEP MAJUMDER

Gender ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(✓)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 02/01/2002 Blood Group A+ Mobile 8730850463

E-mail majumderbipradeep@gmail.com

Parent's Name Mr./Ms. BIJOY MAJUMDER

Tel (Res) (Mobile) 9862893188 Nationality INDIAN

Present Address AGARTALA, INDRANAGAR, NOAGOAN, KRISHNANAGAR AGARTALA TRIPURA 799006

Permanent Address MIRZA, UDAIPUR, GOMATI, TRIPURA UDAIPUR TRIPURA 799105

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	MIRZA A/S School	Udaipur	TBSC		2018	80%	
XII	KAMINIKUMAR H/S	Agartala	TBSC	Science	2020	72%	
Graduation	ICFAI, TRIPURA	Agartala	IUT		2023		
Others							

b. Name & Address of the College (for Bachelor Degree) City

ICFAI UNIVERSITY TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8415952506, Fax 0381-2805752/62

PERSONAL INFORMATION

Courses offered	:	M.Sc. Physics
Admission Number	:	IUTON-823-70
Student Name: (As per the 10+2 Certificate)	:	Bodhisatwa Deb
Father Name	:	Buddha Sankar Deb
Mother Name	:	Swagata Deb
Date of Birth	:	18/03/2002
Identification Marks (As per the SSC Certificate)		
1.	:	-
2.	:	-
Nationality	:	Indian
Aadhar Card No	:	513103696705
Native Place & State	:	Dharmanagar, Tripura
Student Mobile	:	8794183105
Student E-mail	:	bodhisatwadeb@gmail.com
Father Mobile	:	8787454192
Mother Mobile	:	9774648093
Gender	:	Male
Community	:	General

CONTACT INFORMATION

Permanent Address		
Country	:	India
State	:	Tripura
District	:	North Tripura
H.No	:	-
Locality	:	Chandrapur
Village/City	:	Dharmanagar
Pincode	:	799250
Tel: (R)	:	-
(O)	:	-
Same as Permanent Address		
Address for Communication		
Country	:	India

Name : Sumana Singha
ID : 7908374903
IUT CAMPUS 443
The ICFAI University Tripura.

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Sonna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0279

Please Tick (✓) the program you wish to enroll:

[ ] BA. English(Hons) [ ] BA Psychology(Hons) [ ] B.Sc Physics(Hons) [ ] B Sc Chemistry (Hons) [ ] B Sc Mathematics(Hons)
[ ] MA English [ ] MA Psychology [✓] M Sc Physics [ ] M Sc Chemistry [ ] M.Sc Mathematics

1. NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. GAURAB SINGHA

Gender : [✓] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [✓] OBC Minority [ ] Others [Please Tick any one(✓)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 22/12/2000 Blood Group Mobile 9612344309

E-mail gaurabsingha92@gmail.com

Parent's Name Mr./Ms. KRISHNA KUMAR SINGHA

Tel (Res) (Mobile) 9402378473 Nationality Indian

Present Address MALGARIA, PO- RANIRBAZAR
TRIPURA WEST
AGARTALA TRIPURA 799035

Permanent Address DO-

3. ACADEMIC RECORD: SCHOOL / COLLEGE

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Shishu Niketan	Agartala	TBSE	Science	2017	69.28	6/1.78
XII	H.S. School	Agartala	TBSE	Science	2019	58	58
Graduation	Bir Bikram	Agartala	M.B.B	B.SC	2022		
Others	Memorial College		University				

b. Name & Address of the College (for Bachelor Degree) BIR BIKRAM MEMORIAL GL
City AGARTALA

The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No.

IUT823-

Please Tick (✓) the program you wish to enroll:

BA English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☑ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]**

Mr./Ms. [S H I T A N A N D I]

Gender: ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ☑ Others [Please Tick any one(✓)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 1 1 1 2 0 0 1 Blood Group O+ Mobile 8 5 3 7 2 2 4 9 9 3

E-mail

Parent's Name Mr./Ms. P A N J N A N D I

Tel (Res) (Mobile) 8794171174 Nationality Indian

Present Address J I R A N I A

A G A R T A L A -799005

Permanent Address J I R A N I A

A G A R T A L A

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

a

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Vivekananda Shishu Nikeran	Agartala	T.B.S.E		2012	60%	All
XII	Shishu Nikeran H.S. School	Khagrapur	T.B.S.E	Science	2010	68.67	Math, Bio
Graduation	M.B.B College	Agartala	MBBU	B.Sc (Hons)	2010-13	6.104	Phy, Chem, Math
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

b. Name & Address of the College (for Bachelor Degree) M B B University College Agartala

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO. Kamalghat, Mohanpur, Agartala 799 210, Tripura (West).

Application No. IUT823- 0916

Please Tick (✓) the program you wish to enroll:

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☐ B Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☐ B Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☑ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. KISHAN SINHA

Gender : ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(✓)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 23/02/2001 Blood Group A+ Mobile 8787856[illegible]

E-mail kishansinha35@gmail.com

Parent's Name Mr/Ms MANMOHAN SINHA

Tel (Res) _____ (Mobile) 8753808251 Nationality Indian

Present Address VILL+PO- KHERENGJURI, NORTH TRIPURA

DHARMANAGAR, PIN- 799202, PS CHURAIBARI

Permanent Address VILL+PO- KHERENGJURI, NORTH TRIPURA

DHARMANAGAR TRIPURA 799202

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Dharmanagar High School	Dharmanagar	TBSE	Arts	2018	80%	
XII	Dharmanagar Govt (HS School)	Dharmanagar	TBSE	Science	2020	57%	
Graduation	Dharmanagar Mahila Mahavidyalaya	Kailashahar	Tripura University	BSc	2023		
Others							

Name & Address of the College (for Bachelor Degree) RAMKRISHNA MAHAVIDYALAYA KAILASAHAR UNAKOTI TRIPURA PIN 799277 KAILASAHAR

The ICFAI University Tripura

ICFAI UNIVERSITY

Application No. IUT823-

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to University Campus,
Agartala Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Please Tick (✓) the program you wish to enroll:

BA. English(Hons) | BA Psychology(Hons) | B.Sc Physics(Hons) | B Sc Chemistry (Hons) | B.Sc Mathematics(Hons)
MA English | MA Psychology | M.Sc Physics ✓ | M Sc Chemistry | M.Sc Mathematics

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. PARISHMITA GUHA

Gender: Male | Female ✓ | Transgender

Whether You belong to: SC | ST | OBC | Minority | Others ✓ [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 25 06 2002 Blood Group A+ Mobile 8787832288

E-mail PARISHMITAGUHA.YAHOO@GMAIL.COM

Parent's Name Mr./Ms. PRADIP GUHA

Tel (Res) (Mobile) 9774229031 Nationality Indian

Present Address PRAMILA ROAD, NEAR ONGC BANK
CHOWMUHANI
AGARTALA TRIPURA 799014

Permanent Address PRAMILA ROAD, NEAR ONGC BANK
CHOWMUHANI
AGARTALA TRIPURA 799014

3. ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects
X	Pranavananda Vidyamandir	Agartala,	CBSE		2018	84%	
XII	Pranavananda Vidyamandir	Agartala,	CBSE	Science	2020	72%	
Graduation	ICFAI University, Tripura.	Agartala,	UGC	Science	2023		
Others							

Non submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

a. Name & Address of the College for Bachelor Degree: THE ICFAI UNIVERSITY, AGARTALA - SIMNA ROAD, 799210

The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application No. IUT823- 1041

Please Tick (✓) the program you wish to enroll

[ ] BA English(Hons) [ ] BA Psychology(Hons) [ ] B.Sc Physics(Hons) [ ] B.Sc Chemistry (Hons) [ ] B.Sc Mathematics(Hons)

[ ] MA English [ ] MA Psychology [ ] M.Sc Physics [ ] M.Sc Chemistry [ ] M.Sc Mathematics

1 **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. POOJA CHOWDHURY

Gender [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [ ] OBC [ ] Minority [ ] Others [Please Tick any one(✓)]

2 **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 13032002 Blood Group [ ] Mobile 8415984939

E-mail POOJACHOWDHURY2002@GMAIL.COM

Parent's Name Mr/Ms. PRADIP KUMAR CHOWDHURY

Tel (Res) [ ] (Mobile) 8974939733 Nationality INDIA

Present Address SARASIMA BELONIA SOUTH TRIPURA

799155

Permanent Address GHORAKAPPA GOMATI TRIPURA 799104

3 **ACADEMIC RECORD: SCHOOL / COLLEGE**

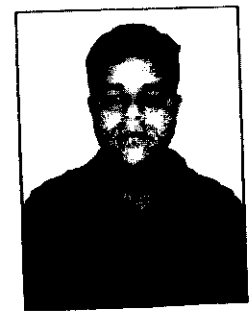
Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	B.G.E.H.S.S	Belonia	TBSE		2018	67%	
XII	B.G.E.M.H.S.S	Belonia	TBSE	Science	2020	74.6%	
Graduation	I.V. College	Belonia	TU	BSC (H) Science			
Others							

Name & Address of the College for Bachelor Degree) ISWAR CHANDRA VIDYA COLLEGE City BELONIA

The ICFAI University, Tripura

ICFAI UNIVERSITY TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8415952506, Fax 0381-2865752/62



PERSONAL INFORMATION

Courses offered	:	M.Sc. Physics
Admission Number	:	IUTON-823-44
Student Name: (As per the 10+2 Certificate)	:	Pranoy shil
Father Name	:	Pramode ranjan shil
Mother Name	:	Kalyani shil
Date of Birth	:	02/02/1999
Identification Marks (As per the SSC Certificate)		
1.	:	-
2.	:	-
Nationality	:	Indian
Aadhar Card No	:	-
Native Place & State	:	-
Student Mobile	:	8132925776
Student E-mail	:	shilpranoy586@gmail.com
Father Mobile	:	8794151404
Mother Mobile	:	-
Gender	:	Male
Community	:	OBC

CONTACT INFORMATION

Permanent Address		
Country	:	India
State	:	Tripura
District	:	West Tripura
H.No	:	-
Locality	:	-
Village/City	:	-
Pincode	:	799045
Tel: (R)	:	-

me : Subhasish Das
ID : 191UT026004
IUT CAMPUS (719)
ICFAI University Tripura.

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus
Agartala Simna Road, PO Kamalghat, Mohanpur, Agartala 799 210, Tripura (West)

Application No. IUT823- 1005

Please Tick (✓) the program you wish to enroll:

☐ BA English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)
☐ MA English ☐ MA Psychology ☑ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. RAJDEEP SARKAR

Paste a recent color photograph of size 3.5 x 4.5 cms. The photograph must not be larger than this box. Do not sign on the photograph and do not staple

Gender ☐ Male ☐ Female ☐ Transgender

Whether You belong to ☑ SC ☐ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 03/07/2006 Blood Group Mobile 9233692878

E-mail rajdeepsarkar.jnvdt@gmail.com

Parent's Name Mr./Ms

Tel (Res): (Mobile) Nationality

Present Address KUCHAINALA

KUCHAINALA 799287

Permanent Address

KUCHAINALA DHALAI 799287

3. ACADEMIC RECORD SCHOOL / COLLEGE

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X							
XII							
Graduation							
Others							

Non-submission of all relevant eligible mark sheets at any stage may lead to rejection of application later.

4. Name & Address of the College (for Bachelor Degree) City

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Application No. IUT823- 10[illegible]

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll:

☐ BA English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☑ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1. NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. SHYAMASHREE ROY

Gender: ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ☑ Others [Please Tick any one(✓)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 07/09/2001 Blood Group AB(-) Mobile 9612809538

E-mail shyamashreeroy8802@gmail.com

Parent's Name Mr./Ms. SANTA ROY PODDAR

Tel (Res) _____ (Mobile) 7628852125 Nationality INDIAN

Present Address BADHARGHAT MATRIPALLI WARD NO.-26
AGARTALA MUNICIPAL CORPORATION 799003
AGARTALA TRIPURA 799003

Permanent Address BADHARGHAT MATRIPALLI WARD NO 26
AGARTALA TRIPURA 799003

3. a. ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	HOLY CROSS SCHOOL	AGARTALA	ICSE	SCIENCE	2018	84%	
XII	HINDI SCHOOL	AGARTALA	CBSE	SCIENCE	2020	83.2%	
Graduation	ICFAI UNIVERSITY	KAMALGHAT		SCIENCE	2023	9.13	
Others							

b. Name & Address of the College (for Bachelor Degree) ICFAI UNIVERSITY KAMALGHAT
MOHANPUR
KAMALGHAT

The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Application No.

IUT823- 0229

Please submit the completed Application Form to University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll:

☐ BA English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☐ B Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☑ M Sc Physics ☐ M.Sc Chemistry ☐ M Sc Mathematics

1. NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

~~Mr~~/Ms. SOURAMITA ACHARJEE

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to : ☐ SC ☐ ST ☐ OBC ☐ Minority ☑ Others [Please Tick any one(s)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 25092001 Blood Group A+ Mobile 9863138795

E-mail souramitaacharjee28@gmail.com

Parent's Name Mr/~~Ms~~ MRINAL KANTI ACHARJEE

Tel (Res) ____ (Mobile) 9863138795 Nationality INDIAN

Present Address SIDDHI ASHRAM SANTA NAGAR

AGARTALA TRIPURA

Permanent Address SIDDHI ASHRAM SANTA NAGAR

AGARTALA TRIPURA

3. ACADEMIC RECORD: SCHOOL / COLLEGE

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	PVM	AGARTALA	CBSE	SCIENCE	2018	93.2%	
XII	PVM	AGARTALA	CBSE	SCIENCE	2020	85.6%	
Graduation	IUT	AGARTALA					
Others							

Non-submission of mark sheets/ grade sheets of all exam stations may lead to rejection of application.

b. Name & Address of the College (for Bachelor Degree) THE ICFAI UNIVERSITY

City AGARTALA

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application No. IUT823- 0516

Please Tick (✓) the program you wish to enroll.

[ ] BA English(Hons) [ ] BA Psychology(Hons) [ ] B Sc Physics(Hons) [ ] B Sc Chemistry (Hons) [ ] B.Sc Mathematics(Hons)

[ ] MA English [ ] MA Psychology [✓] M.Sc Physics [ ] M Sc Chemistry [ ] M.Sc Mathematics

1. NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. SUPARNA DEBNATH

Gender [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [✓] OBC [ ] Minority [ ] Others [Please Tick any one(✓)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 18/12/2001 Blood Group O+ve Mobile 8415979413

E-mail DEBNATHSUPARNA87@GMAIL.COM

Parent's Name Mr./Ms. DILIP KUMAR DEBNATH

To (Res) Mobile 9436517887 Nationality INDIAN

Present Address MELARMATH, WEST TRIPURA

AGARTALA TRIPURA 799001

Permanent Address BOXANAGAR, SEPAHIJALA TRIPURA

BOXANAGAR TRIPURA 799102

3. ACADEMIC RECORD SCHOOL / COLLEGE

Class	Name of the School/College	City	Board/University	Stream (Science/Arts/Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
✓X	Boxanagar Class XII School	Boxanagar	TBSE		2018	76.8%	
✓XII	MT Girls HS School	Agartala	TBSE	Science	2020	67%	
✓Graduation	ICFAI university Tripura, Agartala		UGC	Science	2023		
Others							

*Incomplete/illegible grade sheets of all examinations may lead to rejection of application form

4. Name & Address of the College not Bachelor Degree(s) THE ICFAI UNIVERSITY, AGARTALA-SIMNA ROAD

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

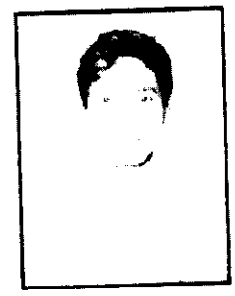
Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 1075

Please Tick (✓) the program you wish to enroll

[ ] BA English(Hons) [ ] BA Psychology(Hons) [ ] B Sc Physics(Hons) [ ] B Sc Chemistry (Hons) [ ] B.Sc Mathematics(Hons)
[ ] MA English [ ] MA Psychology [✓] M.Sc Physics [ ] M.Sc Chemistry [ ] M.Sc Mathematics

1. NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms TIRTHA DE

Gender: [✓] Male [ ] Female [ ] Transgender

Whether You belong to: [ ] SC [ ] ST [✓] OBC [ ] Minority [ ] Others [Please Tick any one(✓)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 24/12/2001 Blood Group [ ] Mobile 9366783246

E-mail tirthade57@gmail.com

Parent's Name Mr./Ms. DIPAK RANJAN DE

Tel (Res) (Mobile) 9366783246 Nationality INDIAN

Present Address JAIL ROAD DHARMANAGAR
NORTH TRIPURA
DHARMANAGAR TRIPURA 799250

Permanent Address JAIL "
DO

3. a. ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	B.B.I	Dhanmanagar	TBSE		2018	72%	
XII	B.B.I	do	do	Science	2020	68%	
Graduation	Dharmanagar Govt college		T.U	BSC Physics	Pursing		Physic Honours
Others							

Note: Submission of [illegible]

b. Name & Address of the College (for Bachelor Degree) GOVT. DEGREE COLLEGE DHARMANAGAR
City DHARMANAGAR Pin 799250

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No.

IUT823-

Please Tick (✓) the program you wish to enroll:

☐ BA English(Hons) ☐ BA Psychology(Hons) ☐ B Sc Physics(Hons) ☐ B Sc Chemistry (Hons) ☐ B Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☑ M Sc Physics ☐ M Sc Chemistry ☐ M Sc Mathematics

1 NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. TOFIK HOSSAIN

Gender ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☑ Minority ☐ Others [Please Tick any one(✓)]

2 PERSONAL DETAILS (Use Capitals only)

Date of Birth 31122000 Blood Group AB+ Mobile 7630969149

E-mail tofikhossain2000@gmail.com

Parent's Name Mr./Ms SAJEDA BEGAM

Tel (Res) (Mobile) 6009913231 Nationality Indian

Present Address city- Agartala, AK Road, west Tripura Agartala TRIPURA

Permanent Address SONAMURA, SEPAHIJALA TRIPURA 799181 SONAMURA TRIPURA

3 ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	NCI Sonamura	Sonamura	TBSE	–	2017	85.57%	
XII	OHJHS	Agartala	TBSE	science	2019	81 %	
Graduation	ICFAI	Agartala	IUT	BSc Physics	2023	9.5	Physics
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

Name & Address of the College (for Bachelor's Degree) ICFAI University Tripura

City Agartala

The ICFAI University Tripura

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO: Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application No. IUT823- 0605

Please Tick (✓) the program you wish to enroll.

☐ BA English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☐ B Sc Chemistry (Hons) ☐ B Sc Mathematics(Hons)

☐ MA English ☐ MA Psychology ☑ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

1 NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms TRISHITA MITRA

Gender ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ☑ Others [Please Tick any one(√)]

2 PERSONAL DETAILS (Use Capitals only)

Date of Birth 07/01/2002 Blood Group O (+) VE Mobile 9366760715

E-mail TRISHITAMITRA1401@GMAIL.COM

Parent's Name Mr./Ms NIKHIL CH. MITRA

Tel (Res) (Mobile) 9436716672 Nationality INDIAN

Present Address CIRCUIT HOUSE, KUNJABAN COLONY, AGARTALA, TRIPURA (WEST)

AGARTALA TRIPURA(WEST) 799025

Permanent Address CIRCUIT HOUSE, KUNJABAN COLONY

AGARTALA TRIPURA(WEST) 799005

3 ACADEMIC RECORD: SCHOOL / COLLEGE

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	M.L Girls H.S School	Agartala	TBSE	Science	2018	71.2%	
XII	M.L Girls H.S School	Agartala	TBSE	Science	2020	71.6%	
Graduation	ICFAI University	Agartala	UGC	Science	2023	8.27	
Others							
Others							

b. Name & Address of the College (for Bachelor Degree) The ICFAI University, Agartala, Simna Kamalghat, Mohanpur, Agartala, Tripura (West) 799210

City Agartala

The ICFAI University TRIPURA

ICFAI UNIVERSITY TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8415952506, Fax 0381-2865752/62

PERSONAL INFORMATION

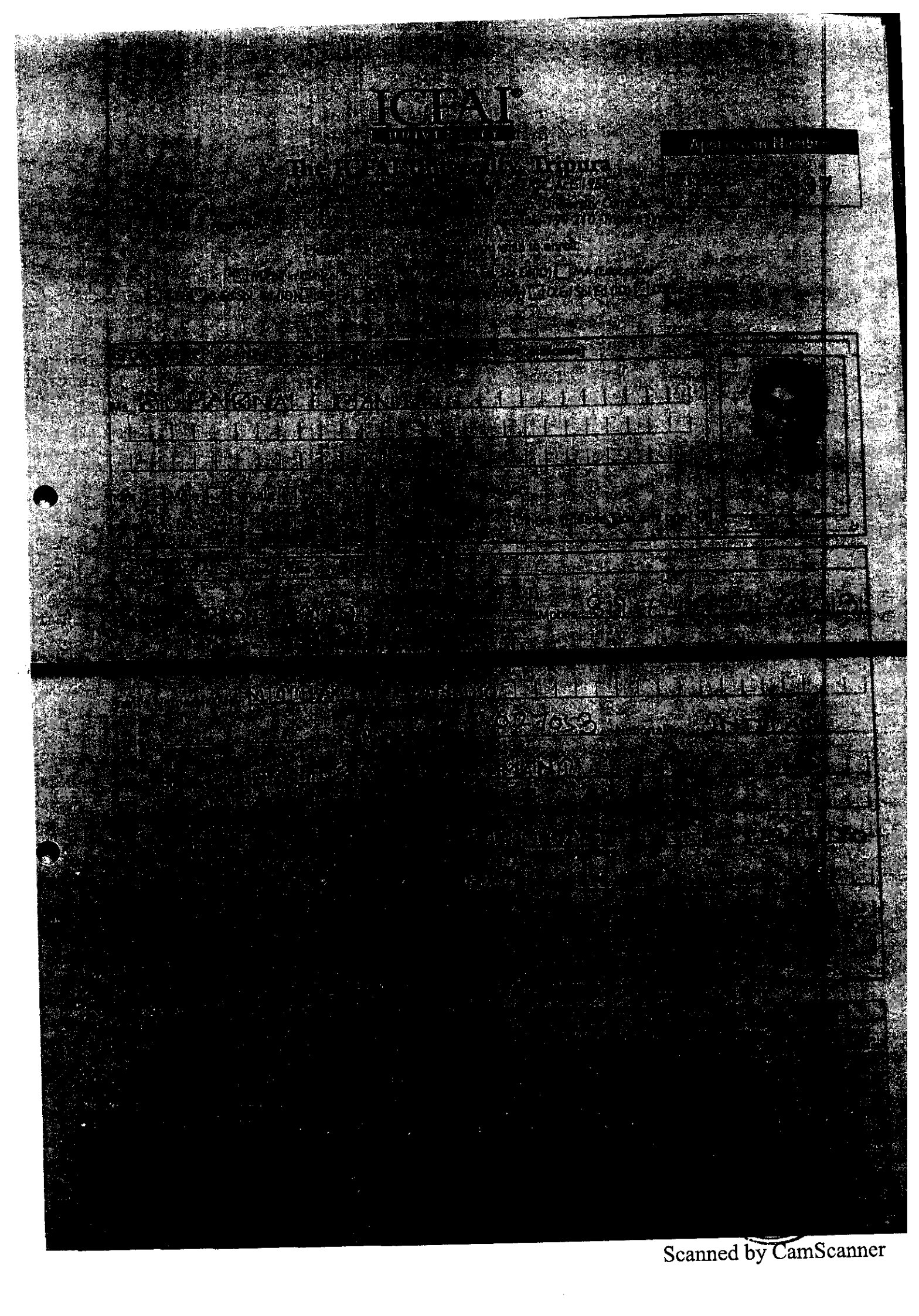
***Courses offered:**	M.Sc. Physics
***Admission Number:**	IUTON-823-007
***Student Name:** (As per the 10+2 Certificate)	URBI NATH
***Father Name:**	ASIT BARAN NATH
Mother Name:	SILPI RANI NATH
***Date of Birth:**	04/07/1997
Identification Marks: (As per the SSC Certificate)	
1.	NIL
2.	NIL
***Nationality:**	Indian
Aadhar Card No:	209094579915
Native Place & State:	TRIPURA
***Student Mobile:**	9774386239
***Student E-mail:**	urbinath10@gmail.com
***Father Mobile:**	7642940841
Mother Mobile:	-
***Gender:**	Female
***Community:**	OBC

CONTACT INFORMATION

Permanent Address

***Country:**	India
***State:**	Tripura
District:	West Tripura
H.No:	H.No KRISHNANAGAR THAKUR PALLI ROAD
***Locality:**	P.O.- AGARTALA

The ICFAI University TRIPURA



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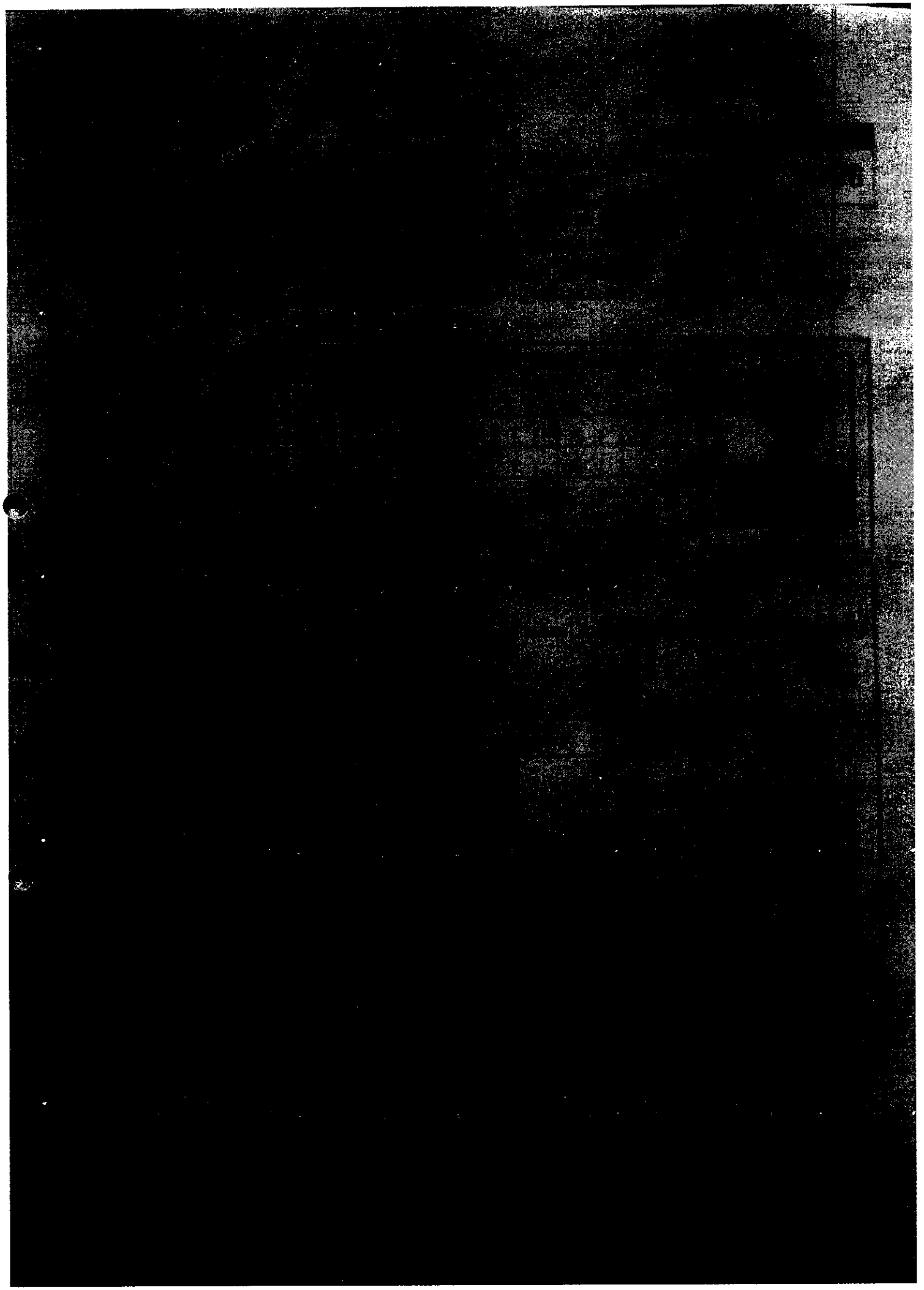

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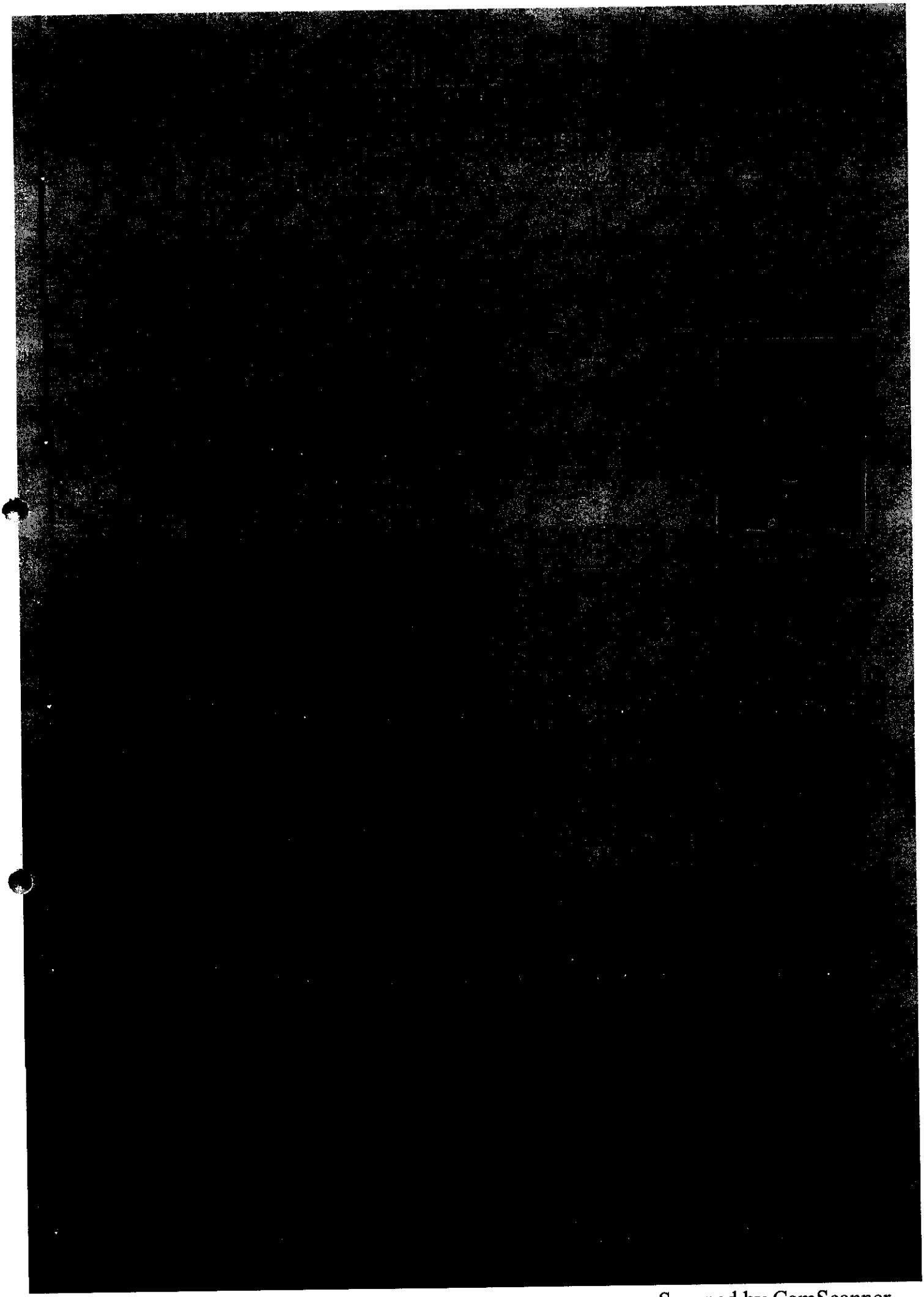

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T CAMPUS (928)
(the IC... University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

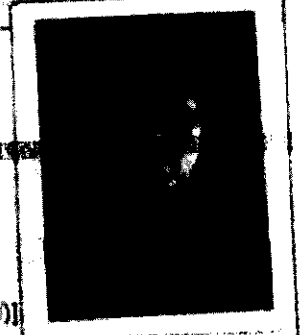
Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application Number	
IUTE823-	0596

Please Tick (✓) the program you wish to enroll

☐ M.Phil in Clinical Psychology ☐ M.Ed. ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)
☐ B.Ed ☐ B.Ed Spl Ed (ID) ☑ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl Ed (ID) ☐ D.PEd ☐ MPES



ME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Ms. CHANDINI DEBBARMA

nder : ☐ Male ☑ Female ☐ Transgender

hether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

RSONAL DETAILS (Use Capitals only)

te of Birth 02/03/1999 Blood Group AB+ Mobile 6009196765 3

mail debbarmachandini02@gmail.com

rent's Name Mr./Ms. SWAPAN DEBBARMA

l (Res) _____ (Mobile) 8837261618 Nationality INDIAN

esent Address WATHILONGPARA
AGARTALA TRIPURA

rmanent Address WATHILONGPARA
AGARTALA TRIPURA

ADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
graduation	Women's College	Agartala	Tripura University	Arts	2022		

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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application Number

IUTE823- 0582

Please Tick (✓) the program you wish to enroll

☐ M Phil in Clinical Psychology ☐ M Ed ☐ M Ed Spl Ed(ID) ☐ MA (Education)

☐ B.Ed ☐ B.Ed Spl Ed (ID) ☑ B PEd ☐ B PES ☐ B.PES (Lateral Entry) ☐ D Ed Spl Ed (ID) ☐ D PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr /Ms ANAMIKA BHOWMIK

Gender ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 21/12/2000 Blood Group B+ Mobile 9366491870

Email bhowmikanamika2000@gmail.com

Parent's Name Mr /Ms SANTOSH BHOWMIK

Tel (Res) _____ (Mobile) 9436887769 Nationality INDIAN

Present Address VILL- EAST SARASHIMA PO- SARASHIM
BELONIA SOUTH TRIPURA
BELONIA TRIPURA 799155

Permanent Address VILL- EAST SARASHIMA PO- SARASHIM
BELONIA SOUTH TRIPURA
BELONIA TRIPURA 799155

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	B.G.E.M.H.S.S	BELONIA	TBSE		2018	91.8%	
	B.G.E.M.H.S.S	BELONIA	TBSE	Arts	2020	50%	
	J.C.Y. COLLEGE	BELONIA	[illegible]	Arts	2023		

*If candidates appearing for B.Ed/M.Ed/B.PEd/D.Ed Spl Ed (ID) candidates, non-submission of mark sheets may lead to cancellation of admission.

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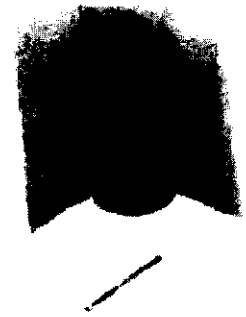
ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8415952506, Fax 0381-2865752/62



RSONAL INFORMATION

ourses offered	:	B.P.Ed
dmission Number	:	IUTEON-823-344
tudent Name: (As per the 10+2 Certificate)	:	Rishal Debbarma
ther Name	:	Ratan Debbarma
other Name	:	Parul Debbarma
ate of Birth	:	15/10/2002
dentification Marks (As per the SSC Certificate)	:	-
	:	-
Nationality	:	Indian
Aadhar Card No	:	-
Native Place & State	:	-
Student Mobile	:	9366529947
Student E-mail	:	rishaldebbarma15@gmail.com
Father Mobile	:	8974766331
Mother Mobile	:	-
Gender	:	Male
Community	:	ST

CONTACT INFORMATION

Permanent Address	:	India
Country	:	Tripura
State	:	West Tripura
District	:	-
H.No	:	Simna
Locality	:	Bhadra Mani Para
Village/City	:	

The ICFAI University TRIPURA

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ICFAI UNIVERSITY TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8415952586, Fax 0381-2865752/62

RSONAL INFORMATION

*Courses offered:	B.P.Ed
*Admission Number:	IUTEON-823-286
*Student Name: (As per the 10+2 Certificate)	V.L.MUANPUIA
*Father Name:	V.L.SANGPUIA
Mother Name:	-
*Date of Birth:	19/09/2000
Identification Marks: (As per the SSC Certificate)	
1.	-
2.	-
*Nationality:	Indian
Aadhar Card No:	863637472653
Native Place & State:	-
*Student Mobile:	7005949336
*Student E-mail:	vlmuanpuia01@gmail.com
*Father Mobile:	8837092813
Mother Mobile:	-
*Gender:	Male
*Community:	ST

NTACT INFORMATION

Permanent Address	
*Country:	India
*State:	Mizoram
District:	Serchhip
H.No:	-
*Locality:	Chhingchhip
*Village/City:	Chhingchhip
*Pincode:	796181
Tel: (R):	-
(O)	-
Same as Permanent Address	
Address for Communication	
Country:	India
State:	Mizoram
District:	Serchhip
H.No:	
Locality:	Chhingchhip
Village/City:	Chhingchhip
Pincode:	

The ICFAI University TRIPURA

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ICFAI
TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8415952506, Fax 0381-2865752/62

Application form

EDUCATION PROGRAMS

es offered:
d

PERSONAL DETAILS

ission Number: IUTEON-823-271
ent Name: ANISAPHI V NONGBRI
er the 10+2 Certificate)
er Name: MEBANLAM PARIAT
Mother Name: LATE DEISYLA NONGBRI
of Birth: 14/02/1997
Blood Group: O+
ification Marks:
er the SSC Certificate)

ital Status: Unmarried
Mother Tongue: KHASI
/ X H.T.No: -
onality: Indian
har Card No: 808666083964
Native Place & State: SHILLONG MEGHALAYA
dent Mobile: 8974939423
Student E-mail: vannongbri@gmail.com
her Mobile: 9436110580
Mother Mobile: -
der: Female
mmunity: ST
ion: Other
Any other Please Specify: SHILLONG

COMMUNICATION DETAILS

manent Address	State: Meghalaya	District: Shillo
untry: India	Locality: LUMIABLOT WEST	Village/City:
No: H.No 63A	Tel: (R): -	(O) -

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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

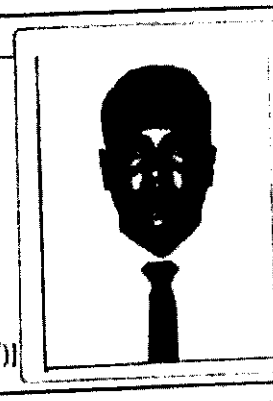
Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application Number IUTE823- 0578

Please Tick (✓) the program you wish to enroll

☐ M.Phil in Clinical Psychology ☐ M.Ed. ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)
☐ B.Ed ☐ B.Ed Spl. Ed (ID) ☑ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed (ID) ☐ D.PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. DIBYATANU DUTTA

Gender: ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 22/12/2001 Blood Group AB+ Mobile 8876193796

Email dibyatanu123456@gmail.com

Parent's Name ☑ Mr./Ms. UTPAL DUTTA

DI (Res) _____ (Mobile) 9706869933/8638133361 Nationality INDIAN

Present Address OPPOSITE WOMENS COLLEGE SILCHAR
SILCHAR ASSAM

Permanent Address SAME AS ABOVE
SILCHAR ASSAM

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board / University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	DON BOSCO SCHOOL	SILCHAR	CBSE		2019	9.2 CGPA	6
	DON BOSCO SCHOOL	SILCHAR	CBSE	SCIENCE	2019	73%	5
	AMITY UNIVERSITY	NOIDA	UGC	PHYSICAL EDU.	2022	PURSUING	

* applicable for B.Ed Spl. Ed (ID) candidates. non-submission of mandatory documents may lead to rejection of application

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ST CAMPUS (7/5) The ICFAI University Tripura.

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application Number: IUTE823- 0579

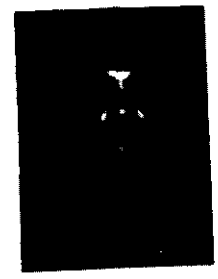
Please Tick (✓) the program you wish to enroll

☐ M Phil in Clinical Psychology ☐ M.Ed. ☐ M.Ed Spl Ed(ID) ☐ MA (Education)

☐ B.Ed ☐ B.Ed Spl. Ed (ID) ☑ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl Ed (ID) ☐ D.PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr/Ms THAMENDRA REANG



Gender ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 05/01/1994 Blood Group B+ Mobile 8787689662

Email THAMENDRA9@GMAIL.COM

Father's Name Mr/Ms CHAKRADHAR REANG

(Late) (Mobile) 8787689662 Nationality Indian

Present Address LAXMICHARA PS- BAIKHORA DIST-SANTIR BAZAR (S) TRIPURA AGARTALA TRIPURA

Permanent Address VILL-LAXMICHARA PS- BAIKHORA DIST-SANTIR BAZAR (S) TRIPURA

ACADEMIC RECORD: SCHOOL / COLLEGE

	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	[illegible]		TBSE	Arts	2012	39%	
	[illegible]		TBSE	Arts	2015	52%	
	[illegible]		T.U	Arts	2019	54%	

*In case of Universities, pls. specify the name of the University also. In applications from B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates, non-submission of [illegible] will make them ineligible for admission.

The ICFAI University Tripura

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Swapna Paul
22/06/2008
(186)
CAMPUS
The ICFAI University Tripura.

ICFAI UNIVERSITY

The ICFAI University, Tripura

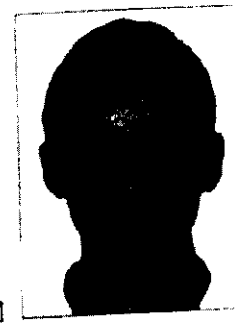
Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus,
Agartala-Simna Road, PO. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application Number IUTE823- 0512

Please Tick (✓) the program you wish to enroll

☐ M.Phil in Clinical Psychology ☐ M.Ed. ☐ M.Ed. Spl.Ed(ID) ☐ MA (Education)
☐ B.Ed ☐ B.Ed Spl. Ed (ID) ☑ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed (ID) ☐ D.PEd ☐ MPES



NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. ASMITA PAUL

Gender ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ☑ Others [Please Tick any one( )]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 02/12/2001 Blood Group A B+ Mobile 8787593564

E-mail asmitapaul8493@gmail.com

Parent's Name Mr./Ms. ARUN CHANDRA PAUL

Tel (Res) _____ (Mobile) 9774507942 Nationality Indian

Present Address VILL-JAGANNATHPUR COLLEGE TILA
P.O-EAST AGARTALA SUB-DIV-SADAR
DIST-WEST TRIPURA PIN-799004

Permanent Address AS SAME ABOVE
AGARTALA TRIPURA 799004

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
10	MGM.H.S.School	Agartala	TBSE		2017	47.7%	
12	M.G.M.H.S.School	Agartala	TBSE	Arts	2019	46.[illegible]	
Graduation (Specialization)	M.B.B.College	Agartala	M.B.B.U	Arts	2022	5.9[illegible]	
Others	/	/	/	/	/	/	

*Please write Board / Council / University etc., @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates, non-submission of mark sheets/ CGPA sheets

*Please refer to the instruction of application form

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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus
Agartala Simna Road, PO: Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application Number: IUTE823- 0505

Please Tick (✓) the program you wish to enroll

[ ] M Phil in Clinical Psychology [ ] M.Ed [ ] M Ed Spl Ed(ID) [ ] MA (Education)
[ ] M.Ed [ ] M Ed Spl Ed (ID) [✓] B PEd [ ] B PES [ ] B PES (Lateral Entry) [ ] D Ed Spl Ed (ID) [ ] D PEd [ ] MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr/Ms KAJANTI MAJUMDER

Gender [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [ ] OBC [ ] Minority [✓] Others [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 01/12/1998 Blood Group O+ Mobile 6009296231

Email Kajantimajumder68@gmail.com

Parent's Name Mr./Ms. Biman Majumder

Tel (Res) _____ (Mobile) 8787564378 Nationality INDIAN

Present Address Biman Majumder
Assistant Professor, Physical Education Department
Agartala Government Polytechnic, Agartala-799004

Permanent Address DO

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
10th	RKvvM	Agartala	TBSE	Arts	2015	39%	
12th	RKvvM	-	NIOS	Arts	2019	51%	
Graduation	Women's college	Agartala	TU	Arts	2019		
Others	PGDPT		ICFAI				

*If applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates, non-submission of original grade sheets may lead to rejection of application form.

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The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to University Campus,
Agartala-Simna Road, PO Kamalghat, Mahanpur, Agartala-799 210, Tripura (West)

Application Number: IUTE823- 0400

Please Tick (✓) the program you wish to enroll

[ ] M Phil in Clinical Psychology [ ] M Ed [ ] M Ed Spl Ed(ID) [ ] MA (Education)
[ ] B Ed [ ] B Ed Spl Ed (ID) [✓] B PEd [ ] B PES [ ] B PES (Lateral Entry) [ ] D Ed Spl Ed (ID) [ ] D PEd [ ] MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates)

Mr/Ms MEGHA SARKAR

Gender [ ] Male [✓] Female [ ] Transgender

Further You belong to [✓] SC [ ] ST [ ] OBC [ ] Minority [ ] Others [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 31/12/2001 Blood Group O+ Mobile 8974106304

Email bikarmcharo00@gmail.com

Parent's Name Mr./Ms.

Tel (Res) (Mobile) 9862139110 Nationality Indian

Present Address Baikhora Eastcharakbari

Santikbazar Tripura 799149

Permanent Address Baikhora Eastcharakbari

Santikbazar Tripura 799149

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subje cove
	Bishnora Girls	Sanirbazar	TBSE	Arts	2018	50%	
I	Bishnora HS Sch	Sanirbazar	TBSE	Arts	2020	50%	
Graduation	ICFAI	Agartala	Universit		2023	70%	
Postgraduation							
Diploma							
Others							

*Name of Board / University etc; @ applicable for B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. not

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Pohan D/O 9365023008 (HSC)

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

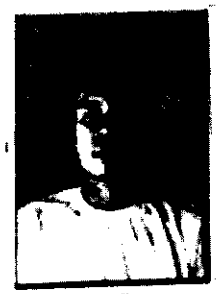
Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO: Kamalghat, Mohanpur, Agartala 799 210, Tripura (West)

Application Number: IUTE823- 0395

Please Tick (✓) the program you wish to enroll

☐ M.Phil in Clinical Psychology ☐ M.Ed ☐ M.Ed Spl Ed(ID) ☐ MA (Education)
☐ B.Ed ☐ B.Ed Spl Ed (ID) ☑ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl Ed (ID) ☐ D.PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr/Ms MANI BUSHAN TRIPURA

Gender: ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(-)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 16/03/1995 Blood Group ____ Mobile 7005435509

Email MANIBUSHANTRIPURA026@GMAIL.COM

Parent's Name Mr./Ms. MAN MOHAN TRIPURA

Phone (Res) ____ (Mobile) 9402599531 Nationality INDIAN

Present Address BOAL KHALI VILL- BOAL KHALI P.O- BOA KHALI P.S:- RAISHYA BARI AGARTALA TRIPURA 799104

Permanent Address DO- DO-

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	Boal Khali H.S.S	Agartala	T.B.S.E	Arts	2014	34%	
	Sonabheram H.S.S	Agartala	T.B.S.E	Arts	2019	87.6%	
Graduation	M.B.B College	Agartala	M.B.B.U	Arts	2022	6.76	
Post Graduation							
Others							

*Mention Board/College/University etc. @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of [illegible] may lead to rejection of application form.

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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to University Campus
Agartala-Simna Road, PO Kamalghat, Mohanpur, Agartala-799 210 Tripura (West)

Application Number IUTE823- 0377

Please Tick (✓) the program you wish to enroll

[ ] M Phil in Clinical Psychology [ ] M Ed [ ] M Ed Spl Ed(ID) [ ] MA (Education)
[ ] B.Ed [ ] B Ed Spl Ed (ID) [✓] B PEd [ ] B.PES [ ] B PES (Lateral Entry) [ ] D Ed Spl Ed (ID) [ ] D PEd [ ] MPES

ME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr. SHIMAN DEBBARMA

Gender [✓] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority [ ] Others [Please Tick any one(✓)]

RSONAL DETAILS (Use Capitals only)

Date of Birth 03/05/2001 Blood Group A+ Mobile 9366135841

Email SUBODHMANDEBBARMA@GMAIL.COM

Parent's Name Mr./Ms. KAJALI DEBBARMA Nationality Indian

(Res) _____ (Mobile) 9862687515

Present Address VILL-CHANDITHAKUR PARA PS-BISHRA GANJ PO-LATIACHARA PIN-799103

Permanent Address VILL-CHANDITHAKUR PARA PS-BISHRA GANJ PO-LATIACHARA PIN-799103 AGARTALA TRIPURA

State

ADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	[illegible]	BHIKHAMANU	CBSE	Arts	2018	56.6	
	[illegible]	AGARTALA	CBSE	Arts	2020	69	
	[illegible]	AGARTALA	IUT	Arts	2023	6.55	
graduation	ICFAI						
graduation							

*Board applicable for [illegible] and D.Ed.Spl.Ed (ID) candidates, non-submission of [illegible] grade sheets

[illegible] application form.

The ICFAI University Tripura

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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to University Campus,
Agartala-Simna Road, PO. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application Number IUTE823- 0575

Please Tick (✓) the program you wish to enroll

[ ] M.Phil in Clinical Psychology [ ] M.Ed [ ] M.Ed. Spl.Ed(ID) [ ] MA (Education)
[ ] M.Ed [ ] B.Ed Spl. Ed (ID) [✓] B.PEd [ ] B.PES [ ] B.PES (Lateral Entry) [ ] D.Ed Spl.Ed (ID) [ ] D.PEd [ ] MPES

ME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

(Mr./Ms.) BILKANA MOLSOM

Gender [✓] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority [ ] Others [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 01/04/2000 Blood Group B+ Mobile 9366081320

Email MOLSOMBILKANA@GMAIL.COM

Parent's Name Mr./Ms NONDALAL MOLSOM

(If Any) (Mobile) 9366081320 Nationality Indian

Present Address BIJOY NONDI

AGARTALA TRIPURA 799102

Permanent Address

State

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	St James H.S School	Agartala	T.B.S.C		2018	50%	
	Manipur H.S School	Agartala	C.B.S.C	Arts	2020	56%	
	NBB College	Agartala	NABU	Arts	2023		

*Name of Board/University etc., @ applicable for B.Ed, M.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates, non-submission of [illegible] sheets

[illegible] of application form

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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

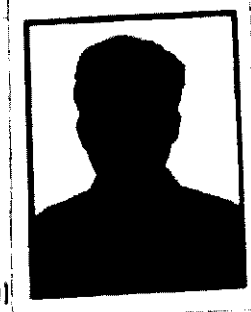
Please submit the completed Application Form to: University Campus,
Agartala-Simna Road, PO: Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application Number: IUTE823- 0562

Please Tick (✓) the program you wish to enroll

[ ] M.Phil in Clinical Psychology [ ] M.Ed [ ] M.Ed Spl Ed(ID) [ ] MA (Education)
[ ] B.Ed [ ] B.Ed Spl Ed (ID) [✓] B.PEd [ ] B.PES [ ] B.PES (Lateral Entry) [ ] D.Ed Spl.Ed (ID) [ ] D.PEd [ ] MPES

ME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr. MAINDHAR REANG

Gender [✓] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority [ ] Others [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 09/01/2002 Blood Group B+ Mobile 8575351741

Email maindharreang18@gmail.com

Parent's Name Mr./Ms. DAHARAM REANG

Guardian (if any) (Mobile) 8575351791 Nationality Indian

Present Address VILL-DATARAMPURBAJOLAIBARI
PO:- ABANIREANGPARA PS:-RADHAKISHOREPUR
DAIPUR TRIPURA 799013

Permanent Address VILL:- DATARAM PURBAJOLAIBARI
DO DO DO
DO DO DO

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
Graduation	N.S.M	UDAIPUR	UNIVERSITY	ARTS	2023		

*If applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates, non-submission of mark sheets/grade sheets/ provisional certificate/ migration certificate may lead to rejection of application form.

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Biswajit Rodrigues
2nd Semester
870
OUT CAMPUS
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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to University Campus,
Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application Number IUTE823- 0558

Please Tick (✓) the program you wish to enroll

☐ M.Phil in Clinical Psychology ☐ M.Ed ☐ M.Ed Spl Ed(ID) ☐ MA (Education)
☐ B.Ed ☐ B.Ed Spl. Ed (ID) ☑ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl Ed (ID) ☐ D.PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

(Ms SUBHAM GOSWAMI

Paste a recent color photograph of size 3.5 x 4.5 cms. The photograph must not be larger than this box. Do not sign on the photograph and do not staple

Gender : ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 10/03/2002 Blood Group ____ Mobile 9366781108

Email beast93669gmail.com

Parent's Name Mr./Ms UTTAM GOSWAMI

(Res) ____ (Mobile) 9774344728 Nationality INDIAN

Present Address DURGABARI TEBARIA

AGARTALA TRIPURA 799015

Permanent Address DURGABARI TEBARIA

AGARTALA TRIPURA 799015

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	Kanchanpur HS	Kanchanpur	TBSE	Arts	2018	44.6%	
	Kanchanpur HS	Kanchanpur	TBSE	Arts	2020	53%	
Graduation	U.G						

* Please specify if you have applied for Open School (ID) and Spl. Ed (ID) candidates, not applicable for regular candidates.

Date of application

3

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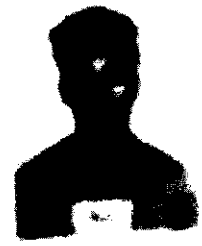
ICFAI

The ICFAI University, Tripura

PRANAB DAS



Male

SC ST OBC Minority

01 11 1999 Blood Group A+ Mobile 7005[illegible]

Pdas5802558@gmail.com

UTTAM KUMAR DAS

(Mobile) 7005173212 Indian

KAMAL GHAT WEST TRIPURA

AGARTALA TRIPURA 799210

KAMALI GHAT WEST TRIPURA

AGARTALA TRIPURA 799210

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects Opted
X	[illegible] Agartala	Agartala	TBSE		2015	45.6	7
XII	[illegible]	Agartala	TBSE	Arts	2017	47.8	5
B.A.	[illegible]	Agartala	TU	BA (Hons)	[illegible]	6.43	4

The ICFAI University Tripura

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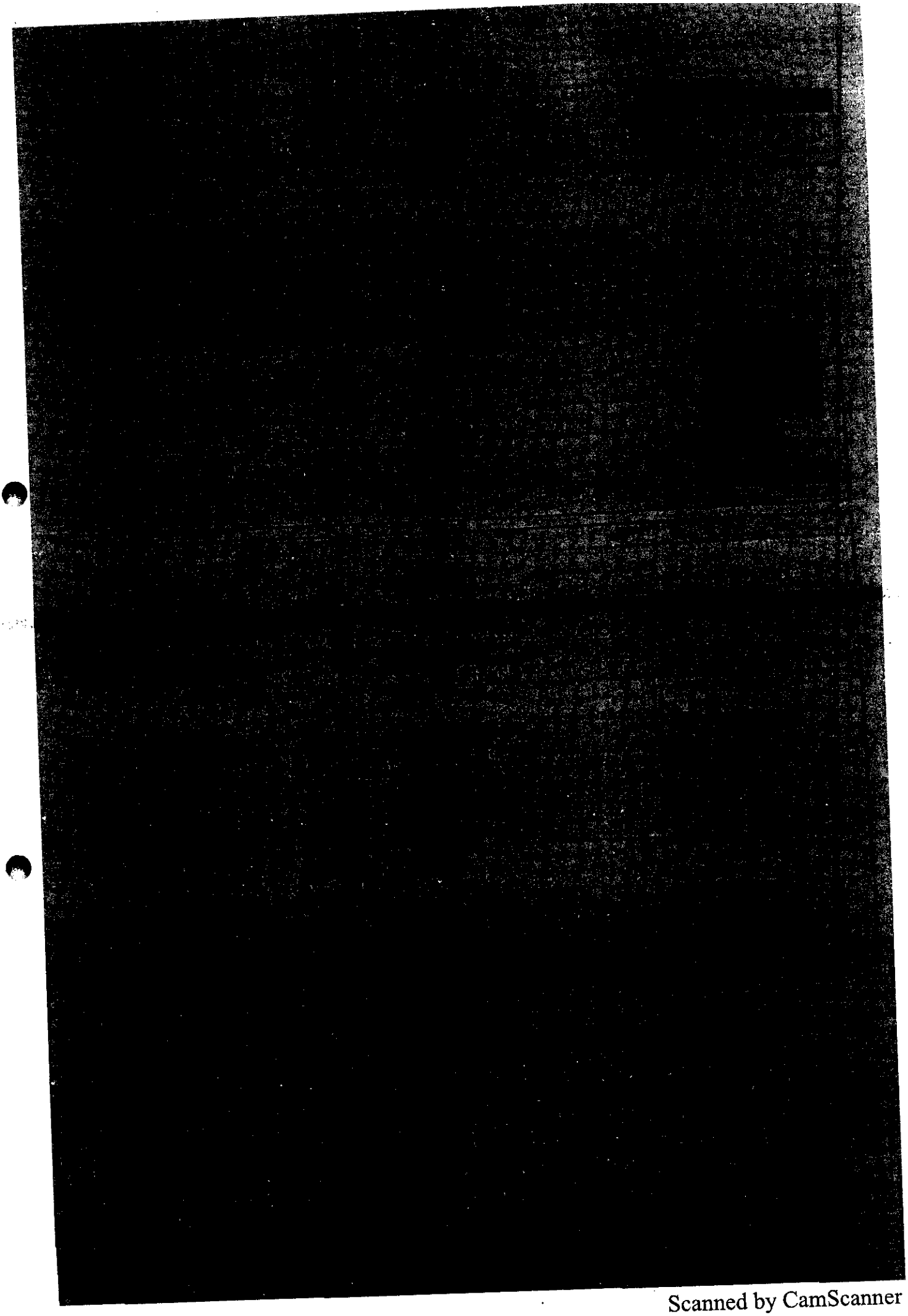

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ICFAI UNIVERSITY

The ICFAI University, Tripura

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Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO: Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application Number: IUTE823- 0515

Please Tick (✓) the program you wish to enroll

☐ M.Phil in Clinical Psychology ☐ M.Ed ☐ M.Ed Spl Ed(ID) ☐ MA (Education)
☐ B.Ed ☐ B.Ed Spl Ed (ID) ☑ D.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl Ed (ID) ☐ D.PEd ☐ MPES

THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr/Ms SOURAV GHOSH

Gender ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 01/01/2002 Blood Group O Mobile 6901952098

Email SAR516045@gmail.com

Parent's Name Mr/Ms UTTAM SANJOY GHOSH

(Phone) (Mobile) Nationality INDIAN

Present Address KRITSHNANAGAR BADURTALI LANE

AGARTALA TRIPURA 799001

Permanent Address KRITSHNANAGAR BADURTALI LANE

AGARTALA TRIPURA 799010

EDUCATIONAL RECORD: SCHOOL / COLLEGE

Level	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	Umakanta Academy	Agartala	TBSE	All	2018	62.6%	
	Umakanta Academy	Agartala	TBSE	Arts	2020	58.2%	
	Bachelor College	Agartala	T.U.	B.A	2023		

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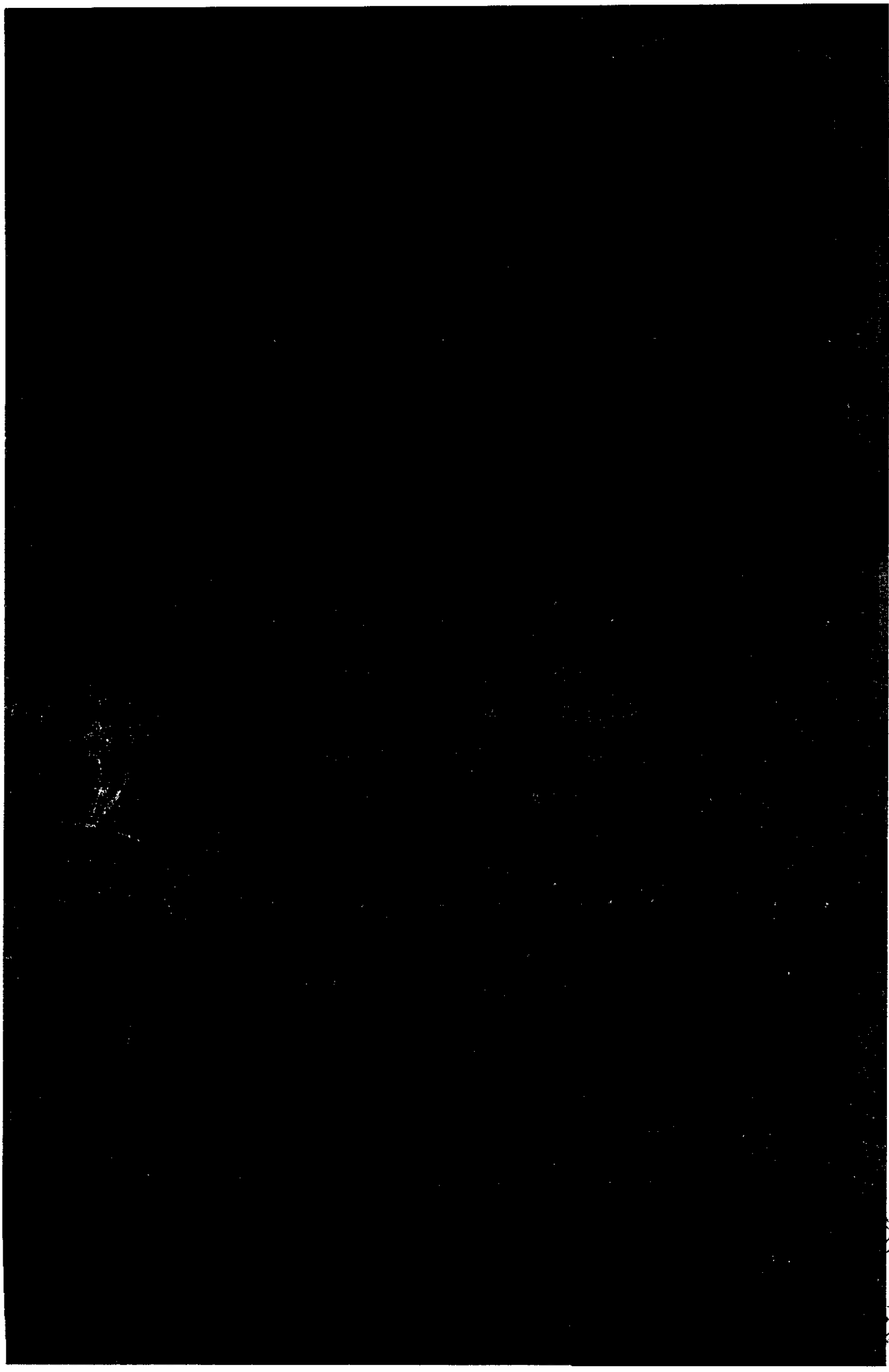

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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus
Agartala-Sonmura Road, PO: Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

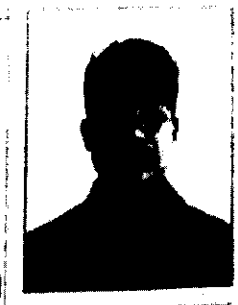
Application Number: IUTE823- 0531

Please Tick (✓) the program you wish to enroll

[ ] M Phil in Clinical Psychology [ ] M Ed [ ] M Ed Spl Ed(ID) [ ] MA (Education)
[ ] B Ed [ ] B Ed Spl Ed (ID) [ ] B PEd [ ] B PES [ ] B PES (Lateral Entry) [ ] D Ed Spl Ed (ID) [ ] D PEd [✓] DPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr/Ms CHAITALI DEBBARMA



Gender: [✓] Male [ ] Female [ ] Transgender

Whether You belong to: [ ] SC [✓] ST [ ] OBC [ ] Minority [ ] Others [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 23/12/2001 Blood Group [ ] Mobile 8131975110X

Email debbarmamasai1989@gmail.com

Parent's Name Mr./Ms MANIRAM DEBBARMA

(Res) (Mobile) 8131975110Y Nationality

Present Address CHAITALI BARI PARA P.O- THELAKUNG
P.O- JAMPUIJALA SUB-DIV- JAMPUIJALA
DIST- SEPAHIJALA

Permanent Address CHAITALI PARA P.O- THELAKUNG
P.O- JAMPUIJALA SUB-DIV- JAMPUIJALA
DIST- SEPAHIJALA

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
[illegible]	[illegible]	B.C. Mohanpur	C.B.E.S	Arts	2018	43%	
[illegible]	[illegible]	B.C. Mohanpur	C.B.E.S	Arts	2010	72%	
[illegible]	[illegible]	[illegible]	[illegible]	Arts	2013		

* Applicable for B.Ed/ M.Ed/ B.Ed Spl. Ed (ID) candidates; non-submission of [illegible]

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Kalkalia A/D...
...22.1.2015.....
...(867)

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Application Number IUTE823- 0534

Please submit the completed Application Form to University Campus
Agartala-Simna Road, PO Kamalghat, Mohanpur, Agartala-799 210 Tripura (West)

Please Tick (✓) the program you wish to enroll

☐ M Phil in Clinical Psychology ☐ M Ed ☐ M Ed Spl Ed(ID) ☐ MA (Education)
☐ B Ed ☐ B Ed Spl Ed (ID) ☐ B PEd ☐ B PES ☐ B PES (Lateral Entry) ☐ D Ed Spl Ed (ID) ☐ D PEd ✓ MPES

NAME OF THE APPLICANT (Use Capitals only) (As it appears in the School Certificates)

Mr./Ms. SUMANA SAHA

Gender ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ☐ Others (Please Tick any one(s))

PERSONAL DETAILS (Use Capitals only)

Date of Birth 25/04/1989 Blood Group B+ Mobile 9486422166

Email Id sahasumanali41@gmail.com

Husband's Name Mr./Ms. SUNIL CHANDRA SAHA

Tel (Res) _____ (Mobile) 9485422166 Nationality Indian

Present Address Vill-VIVEKANANDAPALLI PO-BIRGANJ
P/O-AMARPUR PIN-799101 DIST-GOMATI
AMARPUR TRIPURA 799101

Permanent Address Vill-VIVEKANANDAPALLI
P/O-AMARPUR PIN-BIRGANJ DIST-GOMATI
AMARPUR TRIPURA 799101

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	[illegible] D.A.I.T H/S	Amarpur	Tripura		2008	40.71%	
	NIOS	Amarpur	NIOS		2013	67.6%	
	ICFAI	Agartala	ICFAI University		2015		

The ICFAI UNIVERSITY TRIPURA

*Mark Sheet / Provisional Pass Certificate is acceptable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheet/ pass certificate may lead to rejection of application form.

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The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

IUT

Please Tick (✓) the program you wish to enroll

[ ] M Phil in Clinical Psychology [ ] M Ed [ ] M Ed Spl Ed(ID) [ ] MA (Education)
[ ] B Ed [ ] B Ed Spl Ed (ID) [✓] B PEd [ ] B PES [ ] B PES (Lateral Entry) [ ] D Ed Spl Ed (ID) [ ] D PEd [ ] MPES

ME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Ms PABAN SARKAR

Gender [✓] Male [ ] Female [ ] Transgender

Whether You belong to [✓] SC [ ] ST [ ] OBC [ ] Minority [ ] Others [Please Tick any one(✓)]

RSONAL DETAILS (Use Capitals only)

Date of Birth 15/06/2000 Blood Group A+ Mobile 9131982851

Email Pabansarkar563@gmail.com

Parent's Name Mr./Ms. PRADIP SARKAR

(Late) (Mobile) 7629819040 Nationality INDIAN

Present Address 9 SMADHYAPARA APGARH MADHYANGSHA AGARTALA TRIPURA 799006

Permanent Address DO

State

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	T.S.S	AGARTALA	TBSE	ARTS	2017	457/515	
	T.S.S	AGARTALA	TBSE	ARTS	2020	50%/250	
	RTC	AGARTALA	TU	ARTS	2023		

The ICFAI University TRIPURA

Candidates with B Ed, B Ed Spl. Ed (ID) and D.El.Ed Spl. Ed (ID) candidates, non-submission of mark sheets [illegible]

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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to University Campus, Agartala-Simna Road, PO. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application Number: IUTE823- 0178

Please Tick (✓) the program you wish to enroll

☐ M Phil in Clinical Psychology ☐ M Ed ☐ M Ed Spl Ed(ID) ☐ MA (Education)
☐ B Ed ☐ B Ed Spl Ed (ID) ☑ D.PEd ☐ B.PES ☐ B PES (Lateral Entry) ☐ D Ed Spl Ed (ID) ☐ D PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. CHOKHRENG DEBBARMA

Gender : ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one( )]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 13/11/2000 Blood Group B+ Mobile 9366363343

Email chokhrengdebbarma34@gmail.com

Parent's Name Mr./Ms. RAMENDRA DEBBARMA

PH (Res) _____ (Mobile) 7006738820 Nationality INDIAN

Present Address KHUMULWNG, NEAR YAKHILI ACADEMY, WEST TRIPURA. KHUMULWNG TRIPURA 799045

Permanent Address HARI SARDAR PARA, NIT AGARTALA, RANIA, WEST TRIPURA RANIA TRIPURA 799055

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	DON BOSCO, AGT	AGARTALA	CBSE		2017	66%	
	DON BOSCO, AGT	AGARTALA	CBSE	ARTS	2019	60%	
	SHILLONG COLLEGE	SHILLONG	NEHU	ARTS	2022	64%	

* Applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of marks

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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to University Campus
Agartala-Simna Road, PO Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application Number: IUTE823- 0588

Please Tick (✓) the program you wish to enroll

☐ M Phil in Clinical Psychology ☐ M.Ed ☐ M Ed Spl Ed(ID) ☐ MA (Education)
☐ B.Ed ☐ B.Ed Spl Ed (ID) ☐ B.PEd ☐ B PES ☐ B PES (Lateral Entry) ☐ D Ed Spl Ed (ID) ☐ D.P.Ed ✓ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr. / Ms. SAHILI DEBBARMA

Gender: ✓ Male ☐ Female ☐ Transgender

Category You belong to: ☐ SC ✓ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 31/12/1999 Blood Group O+ Mobile 8415864760

Email Id sahilidebbarma1@gmail.com

Parent's Name Mr./Ms. SUKUMAR DEBBARMA

Tel (Res) _____ (Mobile) 8415864760 Nationality INDIAN

Present Address NEAR NABADHAN PARA, VILL: BIRMOHAN CHOUDHURY PARA PO: DIGHALIA, PS: LEFUNGA 799211

Permanent Address VILL: MOKAMPARA, PS: LEFUNGA, PO: DIGHALIA, TRIPURA 799211

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board / University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
10th	EMRS	Rajnagar, Khowai	CBSE		2017	53.8	
12th	Sainik Public School	Bodhjungnagar, Kamalghat	CBSE	Arts	2020	50.1	
graduation	ICFAI				2023		
post graduation							
Others							
Others							

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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to University Campus
Agartala-Sonna Road, PO Kamalghat, Mohanpur Agartala-799 210 Tripura (West)

Application Number: IUTE823 0501

Please Tick (✓) the program you wish to enroll

[ ] M Phil in Clinical Psychology [ ] M Ed [ ] M Ed Spl Ed (ID) [ ] MA (Education)
[ ] B Ed [ ] B Ed Spl Ed (ID) [ ] B PEd [ ] B PES [ ] B PES (Lateral Entry) [ ] D Ed Spl Ed (ID) [ ] D PEd (Part)

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Ms LAKHYA JYOTI DEKA

Gender [✓] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [✓] OBC [ ] Minority [ ] Others [Please Tick any one(s)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 10/12/1997 Blood Group AB+ Mobile 9103240277

Email lakhyajyotideka17@gmail.com

Parent's Name Mr./Ms. CHANDAN KAMAL DEKA

Tel (Res) _____ (Mobile) 9476671856 Nationality Indian

Present Address VILL-MITHAMOI GENGOLI (DIST-SONITPUR)
P.O-DHEKIAJULI PS-DHEKIAJULI
DIST-DHEKIAJULI ASSAM 784110

Permanent Address VILL-MITHAMOI GENGOLI (DIST-SONITPUR)
P.O-DHEKIAJULI PS-DHEKIAJULI
DIST-DHEKIAJULI ASSAM 784110

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	Sankardev Shishu Niketan	Dhekiajuli (ASSAM)	G.U	Arts	2014	48.33	6
	L.B.K. College Dhekiajuli	Dhekiajuli	G.U	Arts	2016	53.17	5
graduation	L.B.K. College	Dhekiajuli	G.U	Arts (Sanskrit)	2019	50.52	5
graduation							
ploma							
hers	I.C.F.A.I University	Agartala	I.C.F.A.I	Physical education	2023	6.73	

*Name of Board / CBSE/University etc., # applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates, non-submission of mark sheets / certificates may lead to rejection of application form.

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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus
Agartala Sonna Road, PO: Kamalghat, Mohanpur, Agartala 799 210, Tripura (West)

Application Number: IUTE823- 0583

Please Tick (✓) the program you wish to enroll

[ ] M Phil in Clinical Psychology [ ] M Ed [ ] M Ed Spl Ed(ID) [ ] MA (Education)
[ ] B Ed [ ] B Ed Spl Ed (ID) [ ] B PEd [ ] B PES [ ] B PES (Lateral Entry) [ ] D Ed Spl Ed (ID) [ ] D PEd (Spl)

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr/Ms VIVIAN CHAKRABORTY

Paste a recent color photograph of size 3.5 x 4.5 cms. The photograph must not be larger than this box. Do not sign on the photograph and do not staple

Gender [✓] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [✓] OBC [ ] Minority [ ] Others [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 11/11/1993 Blood Group A+ Mobile 8787160975

Email VIVIANCHAKRABORTY2@GMAIL.COM

Parent's Name Mr./Ms. F. KALYAN KUMAR

Tel (Res) _____ (Mobile) 8415045963 Nationality INDIAN

Present Address _____

Permanent Address NEW CAPITAL COMPLEX
WARD NO 3 ROAM 79 6001

Date _____

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
10	[illegible] STANDARD SCHOOL	AGARTALA	MBSE		2016	96.8	
12	T.G. ENGLISH ACADEMY	AGARTALA	MBSE	ARTS	2019	60.8	
Graduation	[illegible] Univ. & Indira Gandhi Nat.	TRIPURA	A.B.C.		2023		
Post Graduation							
[illegible]							
[illegible]							

*For M Phil in Clinical Psychology and M Ed candidates, B Ed, B Ed Spl Ed (ID) and D Ed Spl. Ed (ID) candidates, non-submission of mark sheets [illegible] the submission of application form.

The ICFAI UNIVERSITY PUBLIC

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ICFAI UNIVERSITY TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala [illegible]
www.[illegible] email: [illegible]
Ph. +91 [illegible] Fax [illegible]

SONAL INFORMATION

urses offered		MPES
dmission Number		ICFEON 821 [illegible]
udent Name		KEVISE KHATSO
ther Name		TEYETHU
ther Name		-
te of Birth		06/10/1999
ntification Marks		
ven the SSC Certificate)		
	:	-
	:	-
tionality	:	Indian
ther Card No	:	-
ce Place & State	:	Nagaland
dent Mobile	:	9863054110
dent E-mail	:	kevisekhatso6@gmail.com
her Mobile	:	9863054110
ther Mobile	:	-
nder	:	Male
mmunity	:	ST

NTACT INFORMATION

manent Address

untry	:	India
te	:	Nagaland
trict	:	Kohima
ka	:	-
llity	:	Supply colony
n/City	:	Kohima
Code	:	797001
RI	:	-

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ICFAI UNIVERSITY TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8415982000, Fax 0381-2387712/01

PERSONAL INFORMATION

Courses offered	:	MPES
Admission Number	:	IUTTCON 823 429
Student Name: (As per the 10+2 Certificate)	:	Saviour Hrangkhawl
Father Name	:	Jir kumar Hrangkhawl
Mother Name	:	Florance Hrangkhawl
Date of Birth	:	17/01/1999
Identification Marks (As per the SSC Certificate)		
1.	:	Mole on left pointer finger
2.	:	Mole on left ear lobe
Nationality	:	Indian
Aadhar Card No	:	721416978508
Native Place & State	:	Tripura
Student Mobile	:	8787667216
Student E-mail	:	saviourhrangkhawl@gmail.com
Father Mobile	:	9436980598
Mother Mobile	:	8837474764
Gender	:	Male
Community	:	ST

CONTACT INFORMATION

Permanent Address

Country	:	India
State	:	Tripura
District	:	Dhalai
H.No	:	-
Locality	:	Ambassa
Village/City	:	Kamalacherra, Ambassa
Pincode	:	799289
Tel (R)	:	8787667216

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ICFAI
TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.icfaitripura.edu.in email: admissions@icfaitripura.edu.in
Ph: +91 8415995888 Fax: 0381-2864743

...MATION

...rse:	MPES
... Number:	IUTEON-823-305
...	A H IMRAN STAR
...	MD ABDUL HAQUE
...	SARIYA
...	01/01/2001
... Marks:	
... Certificate)	
	-
	-
...lity:	Indian
... Card No:	-
...ce & State:	-
... Mobile:	7085614040
... E-mail:	mdabdulhaque72@gmail.com
...er Mobile:	8414880669
...ian Mobile:	-
...der:	Male
...mmunity:	OBC

...CT INFORMATION

...manent Address

...untry:	India
...	Manipur
...rict:	-
...	-
...n/City:	UCHIWA NASTAO
...n/City:	MAYANG IMPHAL
...code:	795132
...(If):	-

... as Permanent Address

...ress for Communication

...ntry:	India
...	Manipur

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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala Simna Road, PO: Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application Number

IUTE823- 0548

Please Tick (✓) the program you wish to enroll

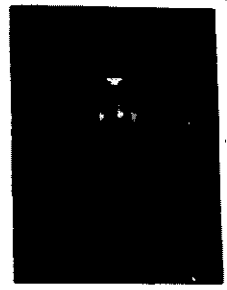
[ ] M Phil in Clinical Psychology [ ] M.Ed [ ] M.Ed. Spl Ed(ID) [ ] MA (Education)
[ ] B.Ed [ ] B.Ed Spl. Ed (ID) [ ] B.PEd [ ] B.PES [ ] B.PES (Lateral Entry) [ ] D.Ed Spl.Ed (ID) [ ] D.PEd [✓] MPES

Candidate only) (As it appears in the School Certificates)

Name: DIPU SARKAR

Gender: [✓] Male [ ] Female [ ] Transgender

Whether You belong to: [ ] SC [ ] ST [✓] OBC [ ] Minority [ ] Others (Please Tick any one(✓))



Candidate only

Date of Birth: 19/10/1995 Blood Group: O+ Mobile: 7005655343

Email: dipusarkar2cbs@gmail.com

Parent's Name Mr./Ms.: PRADIP KUMAR SARKAR

(Res) (Mobile) 9862220654 Nationality INDIAN

Present Address: VILL: MANTALI PO: ISHAN CHANDRANAGAR

AGARTALA DIST: WEST TRIPURA PIN: 799003

AGARTALA TRIPURA

Permanent Address: VILL: MANTALI PO: ISHAN CHANDRANAGAR

AGARTALA DIST: WEST TRIPURA PIN: 799003

AGARTALA TRIPURA 799003

Class	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	AGARTALA	T.B.S.E		2012	96.7%	
	AGARTALA	T.B.S.E		2014	38.6%	
	AGARTALA	[illegible]		2018	56%	
				2020	[illegible]	

*In the case of Class X and D.Ed Spl. Ed (ID) candidates, non-submission of mark sheets of these exams

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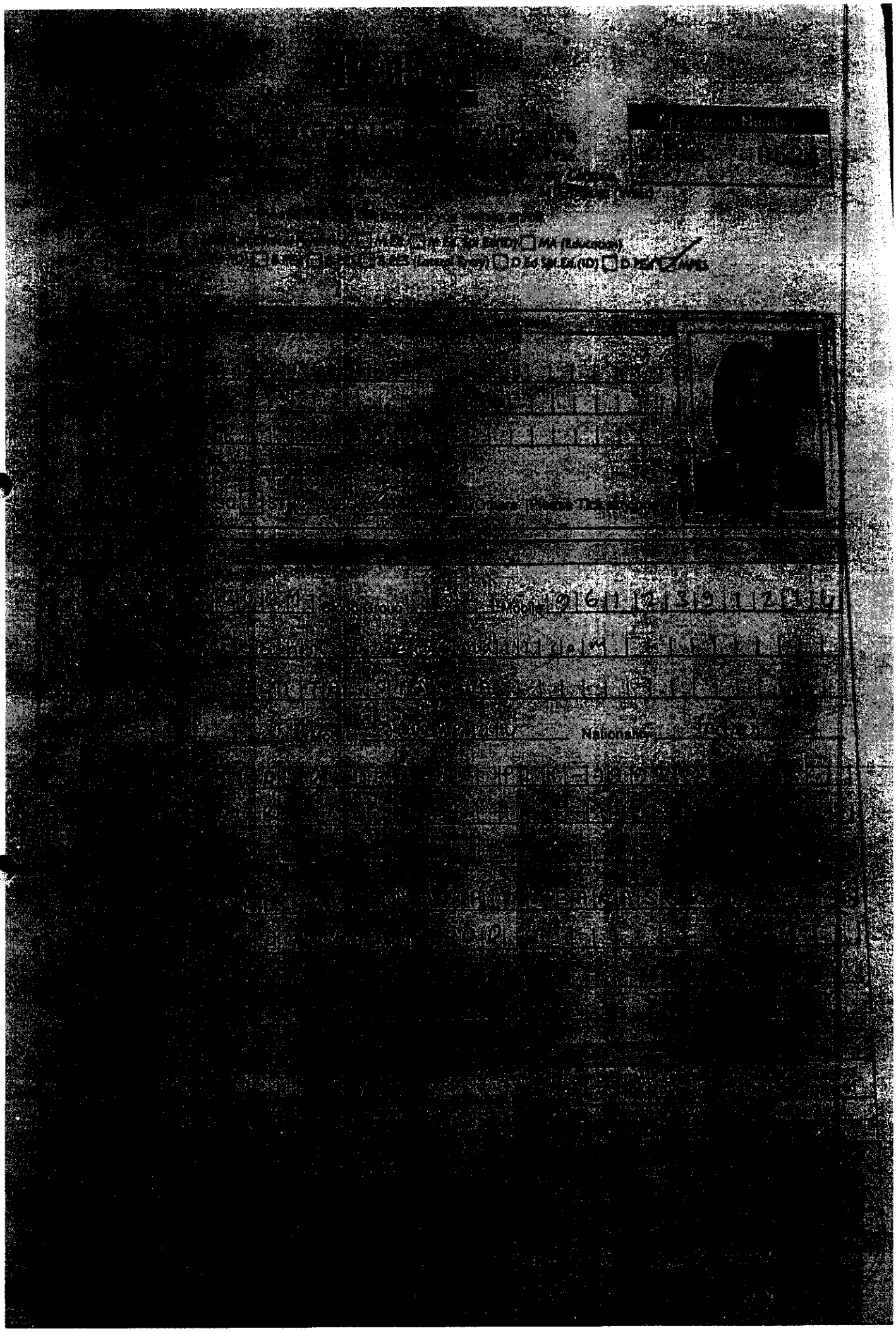

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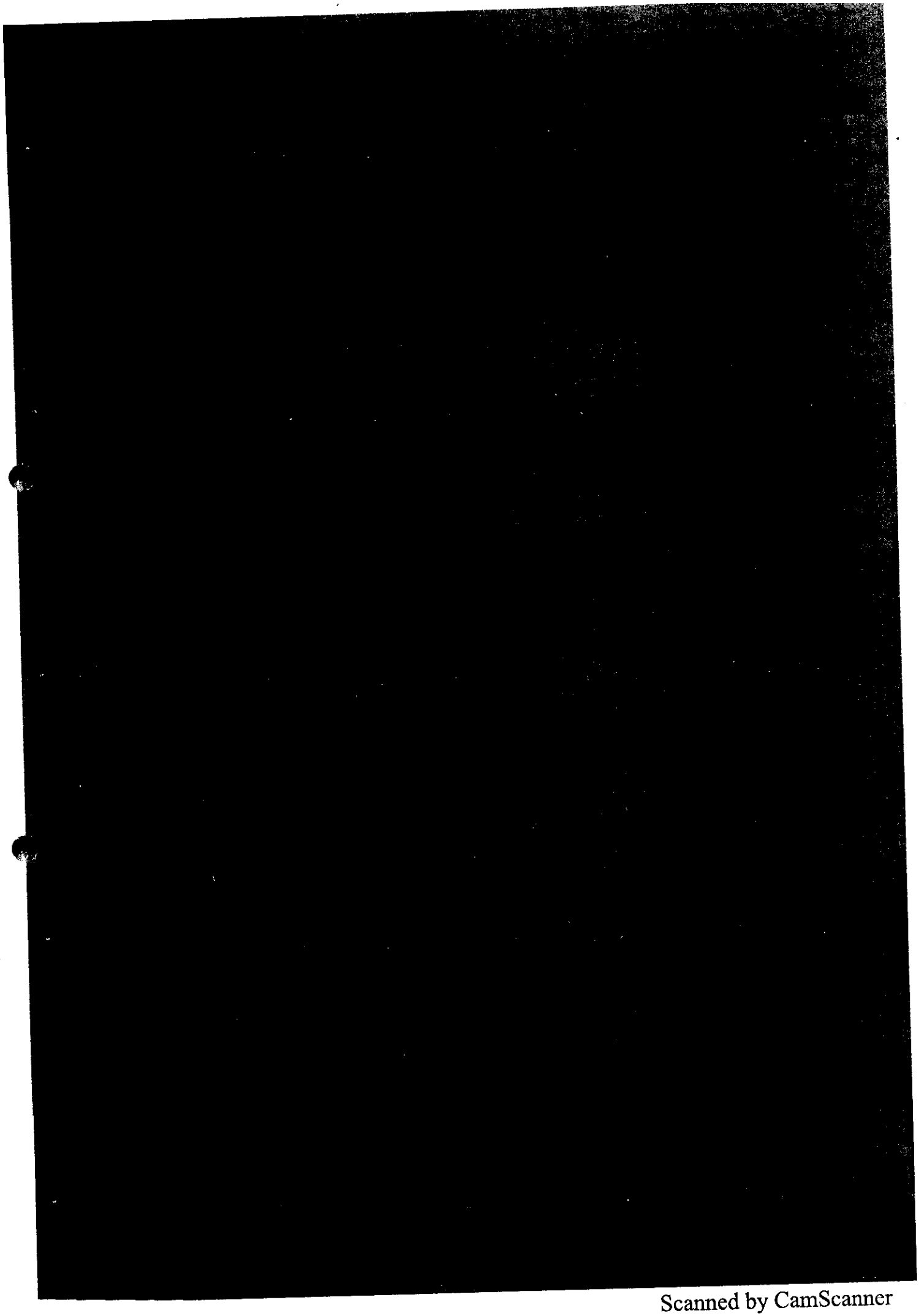
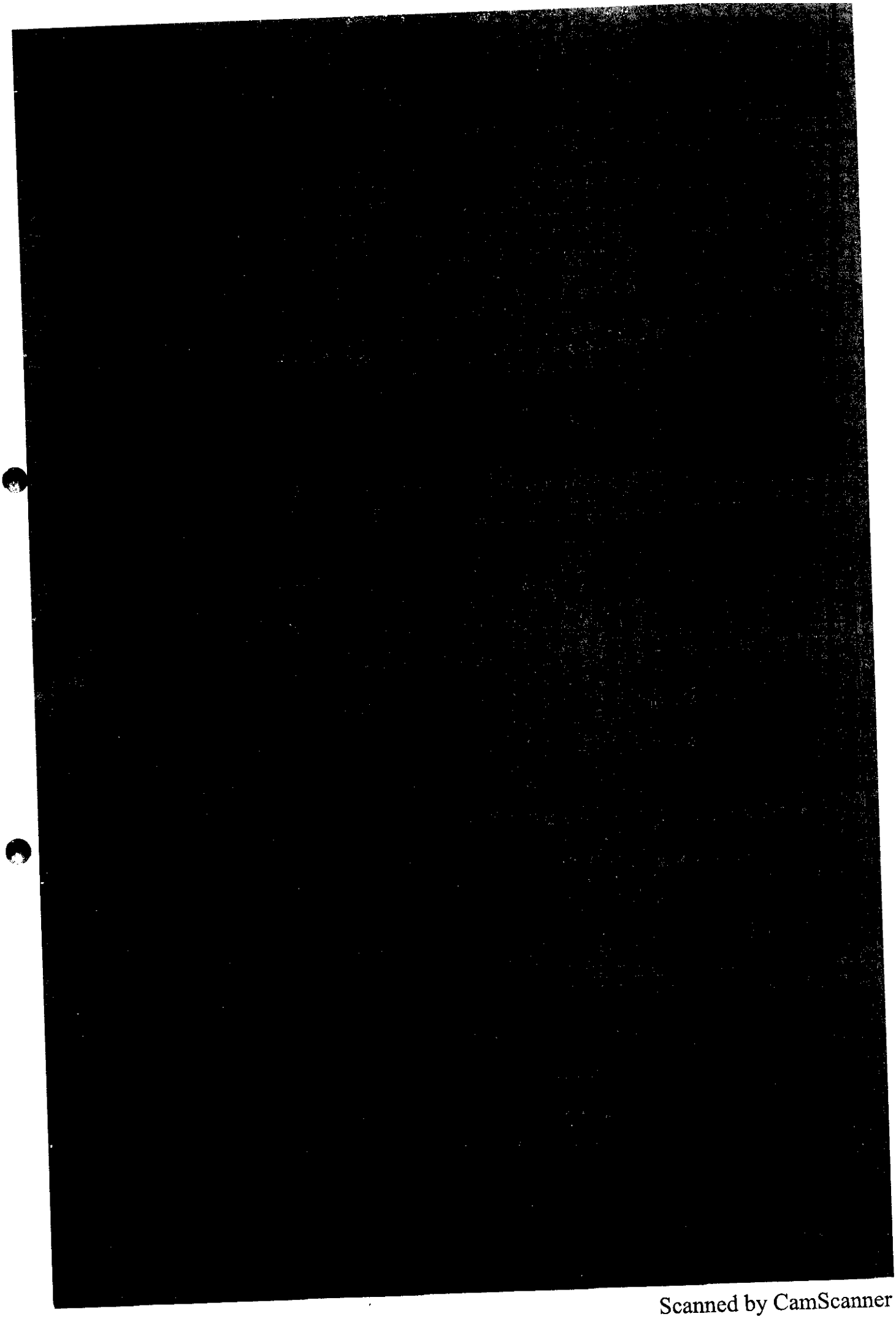


Scanned by CamScanner



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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

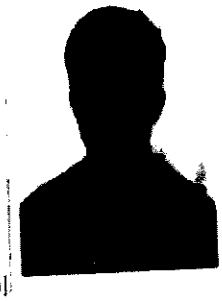
Please submit the completed Application Form to University Campus
Agartala Sonamura Road PO Kamalghat Mohanpur Agartala 799 210 Tripura (West)

Application Number
IUTE823- 0514

Please Tick (✓) the program you wish to enroll

M.Phil in Clinical Psychology | M.Ed | M.Ed Spl.Ed(ID) | MA (Education)
B.Ed | B.Ed Spl.Ed(ID) | B.Ed | B.PES | B.PES (Lateral Entry) | D.El.Ed Education | D.Ed Spl.Ed(ID) ✓

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr/Ms SACHLANG SAMATIA

Gender [✓] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority [ ] Others [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 15/10/2001 Blood Group A+ Mobile 6009386184

Email SACHLANG6309@GMAIL.COM

Parent's Name Mr./Ms. BIM CHANDRA JAMATIA

Tel (Res) _____ (Mobile) 9862505831 Nationality INDIAN

Present Address _____

Permanent Address VILL+PO: GAMAKU, PS BIRGANJ, DIST GOMATI

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	[illegible]		CBSE		2018	53.2	
	[illegible]		CBSE	Arts	2020	79.4	
Graduation@							
Postgraduation							
Diploma							
Others							

*Board / CBSE/ University etc. @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates: non-submission of mark sheet [illegible] (Non-submission may lead to rejection of application form)

The ICFAI University Tripura

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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to University Campus
Agartala Sonamura Road PO Kamalghat Mohanpur Agartala 799 210 Tripura (West)

Application Number: IUTE823 0510

Please Tick (✓) the program you wish to enroll

M.Phil in Clinical Psychology | M.Ed | M.Ed Spl Ed(ID) | MA | M.Sc | B.Ed | B.Ed Spl Ed (ID) | B.P.Ed | B.P.S | B.P.S (Lateral Entry) | D.Ed Spl Ed (ID) | D.P.Ed ✓ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr/Ms BIVHA MOG

Gender | Male | ✓Female | Transgender

Whether You belong to | SC | ✓ST | OBC | Minority | Others [Please Tick any one]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 21/07/2001 Blood Group B+ Mobile 7630022448

Email MOGBIVHA@GMAIL.COM

Parent's Name Mr/Ms KEJORI MOG

(Res) (Mobile) 9612540723 Nationality INDIAN

Present Address

Permanent Address VILL+PS+PO ANANDABANDHU PARA+ ILACHARI+SILACHARI

State

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	JNV BANUAR	UDAIPUR	CBSE		2018	59.2	
XII	JNV BANDUA	UDAIPUR	CBSE	ARTS	2020	78.4	
Graduation	ICFAI UNIVERSITY	AGARTALA	BPES	B.P.E.S	2023		
Graduation							
Graduation							
Graduation							

Duration@

Diploma

Others

*Please state Board / CBSE/University etc.; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheets of all the above examinations may lead to rejection of application form.

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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

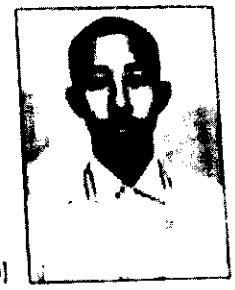
Please submit the completed Application Form to University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application Number: IUTE823- 0367

Please Tick (✓) the program you wish to enroll

[ ] M Phil in Clinical Psychology [ ] M Ed [ ] M Ed Spl Ed(ID) [ ] MA (Education)
[ ] B Ed [ ] B Ed Spl Ed (ID) [ ] B PEd [ ] B PES [ ] B PES (Lateral Entry) [ ] D Ed Spl Ed (ID) [ ] D PEd [✓] MPES

ME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Ms SAYEL DEBBARMA

ender: [✓] Male [ ] Female [ ] Transgender

ether You belong to [ ] SC [✓] ST [✓] OBC [ ] Minority [ ] Others [Please Tick any one(s)]

RSONAL DETAILS (Use Capitals only)

te of Birth 23/06/2001 Blood Group [ ] Mobile 9089571698

ail Sayeldebbarma23@gmail.com

rent's Name Mr./Ms. BINOD DEBBARMA

(Res) [ ] (Mobile) 9089768646 Nationality Indian

sent Address NATUN PALLI ROAD KRISHNA NAGAR AGARTALA TRIPURA

AGARTALA TRIPURA 799001

rmanent Address WANDALONG BARI P.O- RAMDAYAL BARI S- KALYANPUR UNDER- KHOWAI

TRIPURA 799203

ADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	[illegible] Public School	Agartala	CBSE		2018	49.8%	5
	[illegible] Public School	Agartala	CBSE	Arts	2020	61.4%	5
Graduation	ICFAI UNIVERSITY	Agartala	University		2023		
Intermediate							
Matric							
Any							

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ICFAI

The ICFAI University, Tripura

Name SAIRAT BAIDYA

Gender ✓ Male Female Transgender

Whether You belong to SC ST OBC Minority ✓

PERSONAL DETAILS (Use Capitals only)

Date of Birth 02/12/02 Blood Group O+ Mobile 8729869522

Email Sairatbaidya95@gmail.com

Parent's Name Mr/Mrs SADHAN DAIDYA Nationality Indian

Phone (Res) (Mobile) 8729869522

Present Address Agartala Radhanagar Near AZAR INDIA

Permanent Address Jolaibari SOUTH TRIPURA ATHANBARI Baidya PARA

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board / University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects opted
	K.V. Bagafa	Agartala	CBSE	Arts	2018	47	
	NOIS	Agartala	Open	Arts	2020	53	
Isation@	ICFAI	Agartala	ICFAI	BPES	2023		
graduation							
ma							
re							

@ for state Board / CBSE/University etc. *If applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates, copy of certificate from competent authority as per RCI norms must be submitted along with application form. Incomplete may lead to rejection of application form.

3

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ICFAI UNIVERSITY

Application Number

The ICFAI University, Tripura

IUTE823 0349

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to University Campus
Agartala Sonitol Road PO Kamalghat Mohanpur Agartala 799 210 Tripura (West)

Please tick (✓) the program you wish to apply

M.Phil in Clinical Psychology | M.Ed | M.Ed (Special Education) | M.Sc in Counselling Psychology ✓

M.Sc in Clinical Psychology | B.Ed | B.P.E.S | B.P.E.S (Special Education) | B.Ed Spl. Ed (ID) | D.Ed Spl. Ed (ID)

NAME OF THE APPLICANT (Use Capitals only) (As it appears in the School Certificates)

Mr/Ms NILIMA DEBBARMA

Gender: Male ✓ Female Transgender

Whether You belong to: SC ✓ ST OBC Minority Others (Please Tick any one of the)

PERSONAL DETAILS (Use Capitals only)

Date of Birth 30/7/2001 Blood Group Mobile 1005[illegible]063

Email NILIMADEBBARMA360@GMAIL.COM

Father's Name Mr/Ms HARIKAMAL DEBBARMA

Nationality (Res) (Mobile) 6009113312 Nationality INDIA

Present Address VILL-BAIRAGI PARA PO-CHACHU BAZAR
P.S. SIDHAI MOHANPUR PIN-799211
GARTALA TRIPURA 799211

Permanent Address BAIRAGI PARA CHACHU BAZAR
SIDHAI MOHANPUR WEST TRIPURA
GARTALA TRIPURA 799211

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	E.M.R.S	Khumulwng	C.B.S.E	Arts	2018	56	
	E.M.R.S	Khumulwng	C.B.S.E	Arts	2020	71.8	
	ICFAI UNIVERSITY	Agartala		B.P.E.S	2023		
Graduation@							
Postgraduation							
Diploma							
Others							

*Mark state Board / CBSE/University etc.; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates, non-submission of any of the latest grade sheets examinations may lead to rejection of application form.

The ICFAI University Tripura

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ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala 799210
www.icfaitripura.edu.in email: admissions@icfaitripura.edu.in
Ph +91 8415952586, Fax 0381-2867782

	:	MPLS
	:	ICTI-823-0051
	:	Olangba
	:	Maongtemjen Ozukum
	:	Jongshitola Jamir
	:	02/02/1999
	:	A mole on the left side below the lips
	:	A mole on the left side below the lips
	:	Indian
	:	766520521696
	:	NAGALAND
	:	9362874734
	:	mopungchuketolang0202@gmail.com
	:	9402725003
	:	9862142338
	:	Male
	:	ST

	:	-
	:	-
	:	-
	:	-
	:	-
	:	-
	:	-

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ICFAI

The ICFAI University, Tripura

RUTE002- 0459

Please tick (✓) the program you wish to enroll

☑ Master of Business Administration ☐ B.Tech ☐ B.A. LLB (Hons.) ☐ B.A. (Hons.) Economics

☐ B.Sc. (Hons.) Agriculture ☐ B.A. (Hons.) ☐ B.Com. (Hons.) ☐ B.A. LLB (Hons.) ☐ B.Com. ☐ Master of Science

Please attach a recent color photograph of size 3.5 × 4.5 cms. The photograph must not be larger than this size. Do not sign on the photograph and do not staple

Name: PRAMODH DEDI

Gender: ☐ Male ☐ Female ☑ Transgender

Do you belong to: ☐ SC ☐ ST ☐ OBC ☐ Minority ☐ Others (Please Tick any one)

Date of Birth (DD/MM/YYYY): 24/02/2000 Blood Group: Mobile: 8787430539

Father's Name: MANIDAM DEDI

(Mobile) 8787430539 Nationality: INDIAN

Permanent Address: BELONIA

BELONIA TRIPURA 799155

State

Present Address: DO

Pin

ICFAI

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

IUTE822- 0525

Please Tick (✓) the program you wish to enroll

☐ M.Phil in Clinical Psychology ☐ M.Ed ☐ M.Ed Spl Ed(ID) ☐ MA (Education)
☐ B.Ed ☐ B.Ed Spl Ed (ID) ☐ B.PEd ☐ B.El.Ed ☐ B.El.S (Lateral Entry) ☐ D.Ed Spl Ed (ID) ☐ D.PEd ☐ PGDY ☑ MPES

APPLICANT (Use Capitals only) (As it appears in the School Certificates)

Mr./Ms. A N K I T A D E B B A R M A

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 20/10/1998 (D D / M M / Y Y Y Y) Blood Group A+ Mobile 9366754723

Email debbarmaankita49@gmail.com

Parent's Name Mr./Ms. Mohan Lal Debbarma

Tel (Res) _____ (STD Code & Tel No.) (Mobile) 9366754723 Nationality Indian

Present Address Vill-Hezamara P.O-Bai Kunthapur

PS-Sidhai

AGARTALA State TRIPURA Pin 799211

Permanent Address Vill-Hezamara P.O-Bai Kunthapur

PS-Sidhai

AGARTALA State TRIPURA Pin 799211

ACADEMIC RECORD (SCHOOL/COLLEGE)

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	A.D.C.R.S.V	Agartala	TBSE	Arts	2015	37.71	
	Govt. Kanchanpur H.S.S		TBSE	Arts	2017	42.8	
tutional	[illegible] College	Agartala	TU	Arts	2020	55	
graduation							
ma	[illegible]	Agartala	TU		2022		
s							

* State Board of [illegible] for B.Ed, B.El.Ed, B.Ed Spl Ed (ID) and D.Ed Spl Ed (ID) candidates: non-submission of mark sheets [illegible]
[illegible] Application Form.

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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to University Campus, Agartala-Simna Road, P.O. Kamalghat, Mahanpur, Agartala-799 210, Tripura (West)

Application No. IUTE822- 0307

Please Tick (✓) the program you wish to enroll

☐ M.Phil in Clinical Psychology ☐ M.Ed ☐ M.Ed Spl Ed(ID) ☐ MA (Education)
☐ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl Ed (ID) ☐ D.PEd ☐ PGDT ☑ MPES

OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Ms. ANANTIKA DEBROY.

Gender: ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ☑ Others [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 07/02/1999 (D D/M M/Y Y Y) Blood Group O+ Mobile 8259044626 / 9863158727

Email ananti ka debroy 2804 24@gmail.com

Parent's Name Mr./Ms. AMALENDU DEBROY.

Tel (Res) _____ (STD Code Tel. No.) (Mobile) 9485161266 Nationality Indian

Present Address UJAN ABHOYNAGAR AGARTALA TRIPURA WEST

State Pin

Permanent Address DO

State Pin

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	Tulashikhar H/S	Agt-	TBSE		2016	34%	
	Sisu Bitan H/S	"	NIOS	Arts	2018	47.5%	
duation@	ICFAI University	"	ICFAI	Physical Edu.	2022	57.75	
graduation							
ma	ICFAI University	"	ICFAI	— DO —	2021	84.5%	
rs							

* State Board / CBSE/University etc.; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheets / non-submission may lead to rejection of application form.

The ICFAI University Tripura

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ICFAI

The ICFAI University, Tripura

Approved by UGC under Section 3(f) of UGC Act 1956

Please submit the completed Application Form at University Campus

Agartala Sabroom Road, PO Kamalghat, Mohanpur, Agartala PIN 799 210, Tripura (West)

Please Tick (✓) the programme you wish to enroll

☐ M.Phil in Clinical Psychology ☐ M.Ed ☐ M.Ed (Spl. Ed) ☐ B.Ed ☐ B.Ed (Spl. Ed)

☐ B.Ed ☐ B.Ed (Spl. Ed) ☐ M.Ed ☐ M.Ed (Spl. Ed) ☐ D.Ed (Spl. Ed)

AJTE022 0288

(To be pasted by the Candidate and the Parent in the School Certificates)

Name KALPANA DEBBARMA

Gender ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others (Please tick any one)

PERSONAL DETAILS (Use Capitals only)

Date of Birth 25/09/1986 Blood Group

Email K

Parent's Name M/Ms DILIP DEBBARMA

Nationality INDIAN

Tel (Res) (Mobile) 8730855831

Present Address VILL-SHANKHALA P.O-UTTAR DASH GAR

PS-SIDHAI MOHANPUR

AGARTALA TRIPURA 799212

Permanent Address VILL-SHANKHALA P.O-UTTAR DASH GAR

PS-SIDHAI MOHANPUR

AGARTALA TRIPURA 799212

ACADEMIC RECORDS (SCHOOL/COLLEGE)

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects opted
X	Paschya Chamari H.S School	Agartala	T.B.S.E		2006	39%	
XII	Ishanpur Class XII School	"	T.B.S.E		2013	54.6%	
Graduation@	S.V.M Mohanpur	"			2018	5.18%	
Postgraduation							
Diploma					2020	8.34	
Others	ICFAI University Tripura	Mohanpur					

* Indicate state Board / CBSE/University etc.; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates; non-submission of valid marks/ grade sheets of all examinations may lead to rejection of application form.

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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

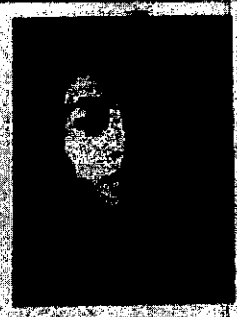
Application Number
IUTE823- 0350

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed. ☐ M.Ed. Spl.Ed(ID) ☐ MA (Education)

☐ B.Ed ☑ B.Ed Spl. Ed (ID) ☐ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed (ID) ☐ D.PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr. AMIT DEBBARMA

Gender: ☑ Male ☐ Female ☐ Transgender

Help Us: You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 28/12/2001 Blood Group O+ Mobile 8974073821

Mail AMITDEBBARMA51@GMAIL.COM

Father's Name Mr./Ms. ADHIN DEBBARMA

Tel (Res) _____ (Mobile) 8415801320 Nationality INDIAN

Present Address AMARJYNAGAR BLOOD SUN CLUB

AGARTALA TRIPURA 799005

Permanent Address VILL-CHADRAI MTSHOP PARA

PO-SURENDRA BAZAR PS-RAIN BAZAR

DHALAI TRIPURA WEST

ACADEMIC RECORD: SCHOOL/COLLEGE

Name of the School/College	Address	Marks/ Grade	Board/University	Year of Passing	Subjects covered
MANU S	A M				

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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

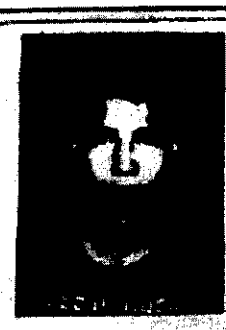
Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number	
IUTE823-	0345

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed. ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)
☐ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.P.Ed ☑ B.P.Ed ☐ B.P.Ed (Lateral Entry) ☐ D.Ed Spl.Ed.(ID) ☐ D.P.Ed ☐ MPES

E OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Ms PRALIASON SANGMA

der : ☑ Male ☐ Female ☐ Transgender

ther You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(✓)]

SONAL DETAILS (Use Capitals only)

of Birth 13/12/2003 (D D M M Y Y Y Y) Blood Group B+ Mobile 9862969012

ail PRALIASONSANGMA@GMAIL.COM

Name Mr/Ms THE MARSION SANGMA

(Res) _____ (Mobile) 8787856583 Nationality INDIAN

anent Address ABHOYNAGAR MAHILA ASHRAM

IN-799005

MARTALA TRIPURA 799005

VILL-NEW TUITKARMAN

OFFICE-MANIPATHUR PS-SANTIRBAZAR

(C)-MANU PS TRIPURA SOUTH 799015

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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

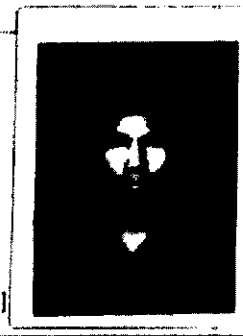
Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0559

Please Tick (✓) the program you wish to enroll

☐ M.Phil in Clinical Psychology ☐ M.Ed. ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)
☐ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.PEd ☑ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl Ed (ID) ☐ D.PEd ☐ MPES

OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



s DEVID DEBBARMA

der ☑ Male ☐ Female ☐ Transgender

ther You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(s)]

SONAL DETAILS (Use Capitals only)

of Birth 09/06/2005 Blood Group O+ Mobile 6009494126

ail devidebbarma2005@gmail.com

nt's Name Mr./Ms. DASHARATH DEBBARMA

(Res) _____ (Mobile) 8420911960 Nationality Indian

sent Address VILL-BIRCHANDRA PARA PS-TAKARJALA
O-NABASHANTGANJ BAZAR, SEPAHIJALA
ISHALGARH TRIPURA 799102

manent Address -DO-

ADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	Uttar Golaghati H.S.Sch	Golaghati	TBSE	—	2021	37.2%	
	Sepahijala P/S Sch	Golaghati	TBSE	Arts	2023	40.4%	
duation							
graduation							

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ICFAI

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to University Campus, Agartala Sirma Road, P.O. Kamalghat, Mahanpur, Agartala-799 210, Tripura (West)

Application Number: IUTE823- 0555

Please Tick (✓) the program you wish to enroll

[ ] M Phil in Clinical Psychology [ ] M Ed [ ] M Ed Spl Ed(ID) [ ] MA (Education)
[ ] B.Ed [ ] B Ed Spl Ed (ID) [ ] B PEd [✓] B PES [ ] B PES (Lateral Entry) [ ] D Ed Spl Ed (ID) [ ] D PEd [ ] MPES

(Use Capitals only) Affix a recent Photograph

Name: KWCHANG DEBBARMA

Gender: [✓] Male [ ] Female [ ] Transgender

You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority [ ] Others (Please Tick any one(√))

(Use Capitals only)

Date of Birth 07/07/2002 (D/M/Y) Blood Group B+ Mobile 6909154241

Email KWCHANGDEBBARMA714@GMAIL.COM

Parent's Name Mr./Ms. SUKU DEBBARMA

(Res) ____ (STD Code) - Tel No. (Mobile) 7629880284 Nationality INDIAN

Present Address KVK-MANDAI P/S MANDAI P/O MANDAI
WEST TRIPURA PIN 799045
State Pin

Permanent Address KVK-MANDAI P/S-MANDAI P/O-MANDAI
WEST TRIPURA PIN 799045
State Pin

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	G.T.V.M.S	Agartala	CBSE	ARTS	2020	46.2%	
	ECHS	AGARTALA	CBSE	ARTS	2022	65.2%	

*Mandatory for B.Ed, B.Ed Spl. Ed (ID) and D.El.Ed. Spl. Ed (ID) candidates. Non-submission of mark

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Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No.
IUTE823- **0590**

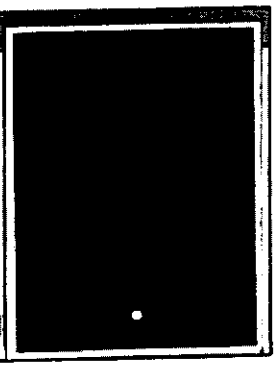
Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed. ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)
☐ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.P.Ed ☑ B.P.Ed ☐ B.P.Ed (Lateral Entry) ☐ D.Ed Spl.Ed.(ID) ☐ D.P.Ed ☐ MPES

Name: PARTHA PAUL

Gender: ☑ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ☑ Others [Please Tick any one(√)]



Date of Birth 15/2/2003 (D D/M M/Y Y Y Y) Blood Group B+ Mobile 8257043055

Email PP126675866@gmail.com

Parent's Name Mr./Ms. Khokan Paul

(Res) 8257043021 (STD Code) Tel. No (Mobile) 8257043055 Nationality Indian

Present Address Shibnagar Lotus Club
P.O. College Hill
Agartala State Tripura Pin 799004

Permanent Address Shibnagar Lotus Club
Agartala State Tripura Pin 799004

Exam Passed	Name of the School/College	City	Board/University	Stream (Science/Arts/Commerce)	Year of Passing	% of Marks / CGPA	Subjects opted
[illegible]	[illegible]	Agartala	TBSE	Commerce	2020	62%	[illegible]
[illegible]	[illegible]	Agartala	TBSE	Commerce	2023	60.16%	[illegible]

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Received by I.C.F.A.I. University Tripura.
22/11/2025
CAMPUS

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application Number: IUTE823- 0297

Please Tick (✓) the program you wish to enroll:

[ ] M.Phil in Clinical Psychology [ ] M.Ed [ ] M.Ed Spl Ed(ID) [ ] MA (Education)
[ ] B.Ed [ ] B.Ed Spl Ed (ID) [ ] B.PEd [✓] B.PES [ ] BPES (Lateral Entry) [ ] D.Ed Spl Ed (ID) [ ] D.PEd [ ] MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr/Ms KAUSHAL DEBBARMA

Gender [✓] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority [ ] Others [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 15/04/2004 Blood Group B+ Mobile 7628049014

Email DEBBARMAKAUSHAL3@GMAIL.COM

Parent's Name Mr./Ms. PARIMAL DEBBARMA

(Res) (Mobile) 7005509294 Nationality INDIA

Present Address VILL- BIR BAHU PARA PS- MANDAI
PO MANDAI DIST- WEST TRIPURA PIN- 799004
TRIPURA 799015

Permanent Address VILL- BIR BAHU PARA PS MANDAI
PO MANDAI DIST WEST TRIPURA PIN 799004
TRIPURA 799015

EDUCATIONAL QUALIFICATIONS: SCHOOL / COLLEGE

Exam Passed	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
10th	G.M.R.S	AGARTALA	CBSE		2020	74%	
12th	G.M.R.S	AGARTALA	CBSE	Arts	2022	59%	

*Boards: SSC/HSC/CBSE/ICSE/IB/IGCSE/IGSE/IB/Others (Please specify)

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The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act, 1956.

Please submit the completed Application Form to: University Campus, Agartala-Sonamura Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number: UTE823- 0271

Please Tick (√) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☑ M.Ed ☐ M.Ed. Spl.Ed(ID) ☐ MA (Education)

☐ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.P.Ed ☐ MPES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed.(ID) ☐ D.PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Name: MUSKAN KHILARI

Gender: ☒ Male ☑ Female ☒ Transgender

Category You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth: 17/01/2006 (D D M M Y Y Y Y) Blood Group: AB+ Mobile: 9615664522

Email: khilarimiskan67@gmail.com

Parent's Name Mr./Ms.: RUP KUMAR KALAI

Tel (Res) _____ (STD Code, Tel No.) (Mobile) 8794028792 Nationality: INDIAN

Present Address: BRAHMA CHARA KALAI PARA

Sonamura State: TRIPURA Pin: 799205

Permanent Address: BRAHMA CHARA KALAI PARA

Sonamura State: TRIPURA Pin: 799205

EDUCATIONAL RECORD: SCHOOL/COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	MANDEI VIDYALAYA	TELIAMURA	CBSE	Arts	2021	63.8%	English, Bengali, Social Science, Physical Education, History, Pol. Sc., Geography
XII	KENDRI VIDYALAYA	KAMALPUR	CBSE	Arts	2023	64%	

*Mandatory for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates; non-submission of mark sheets/ grade sheets

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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application Number

IUTE823- 0289

Please Tick (✓) the program you wish to enroll

☐ M.Phil in Clinical Psychology ☐ M.Ed ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)

☐ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.PEd ☑ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl Ed (ID) ☐ D.PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. TEJASVI JAISWAL

Gender: ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 02/03/1997 Blood Group ____ Mobile 9599486586

Email tejasvijaiswal97@gmail.com

Parent's Name Mr./Ms. Bhupendra Jaiswal

(Res) 8931006162 (Mobile) 9452713654 Nationality INDIAN

Present Address Shubhalaxmi Apartment Flat No 604 6th Floor Mumbai Saint Jacruz East Maharashtra Nagar Maharashtra 400055

Permanent Address Shubhalaxmi Agartala West Tripura Tripura 799004

EDUCATIONAL QUALIFICATIONS: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
10	SDL Public	U.P.	U.P Board	Science	2012		
12	Sainik School	U.P.	U.P Board	Science	2014		

*For B.Ed and M.Ed (IE) and D.Ed Spl. Ed (ID) candidates, non-matriculates may also be considered

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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0167

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)
☐ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.PEd ☑ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl Ed (ID) ☐ D PEd ☐ MPES

OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. LISHA DEBBARMA

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

AL DETAILS (Use Capitals only)

Date of Birth 15/12/2004 (D D/M M/Y Y Y Y) Blood Group O+ Mobile 6009733807

Email lishadeb6620@mail.com

Parent's Name Mr./Ms. NITYA KUMAR DEBBARMA

Tel (Res) _____ (STD Code) - Tel No (Mobile) 7005540264 Nationality INDIAN

Present Address LAXMIDHAN PARA UTTAR TAIDU

PO TAIDUBARI GOMATI TRIPURA

Pin AGARTALA - TRIPURA 799101

Permanent Address LAXMIDHAN PARA UTTAR TAIDU

PO TAIDUBARI GOMATI TRIPURA

Pin AGARTALA - TRIPURA 799102

COLLEGE

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
10th	[illegible]	[illegible]	CBSE	-	2020	58%	
12th	[illegible]	[illegible]	CBSE	Arts	2023	52.4%	

@ Candidates for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates, non-submission of [illegible]

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Rupa Saha
9862429372
871
Campus
@ICFAI University Tripura.

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number

IUTE823- 0557

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed. ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)

☐ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.PEd ☑ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed.(ID) ☐ D.PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms PRIYANSHU SHARMA

Gender: ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 21/12/2006 Blood Group B Mobile 9362027710

Email mohansharmi6ic@gmail.com

Parent's Name Mr./Ms. JAGDISH SHARMA

Tel (Res) _____ (Mobile) _____ Nationality INDIAN

Present Address VILL-MOUNT ROAD

PO-RAZNAGAR PS-DHARMANAGAR

DIST-NORTH TRIPURA PIN-799253

Permanent Address -DO-

EDUCATIONAL QUALIFICATIONS

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
10th	[illegible]	Dharmanagar	T.B.S.E	Arts, Science, Indian	2021	56.2%	
12th	[illegible]	[illegible]	[illegible]	Arts, [illegible]	2023	48.6%	

1/4

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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.
Please submit the completed Application Form to. University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0344

Please Tick (✓) the program you wish to enroll

☐ M.Phil in Clinical Psychology ☐ M.Ed ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)
☐ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.PEd ☑ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed (ID) ☐ D.PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. TANISHKA SINGHA

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 08/12/2004 Blood Group B+ Mobile 7025769123

E-mail TANISHKASINGHASG@GMAIL.COM

Parent's Name Mr./Ms. SUKLA PANJ DEBBARMA

Tel (Res) _____ (Mobile) 7638924827 Nationality INDIAN

Present Address BARJALA, MANIPURI PARA NEAR BARJALA H.S SCHOOL AIRPORT ROAD AGARTALA TRIPURA WEST 799002

Permanent Address SOUTH INDIA LESWAR BSY LANE-1 RD-CC LINE GE TILLA PS-EAST AGARTALA-A AGARTALA TRIPURA WEST 799004

Name of the Examination	City	Board's / University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
[illegible]	AGARTALA	CBSE		2021	71%	
[illegible]	AGARTALA	CBSE	ARTS	2023	68%	

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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to, University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application Number
IUTE823- 0199

Please Tick (✓) the program you wish to enroll

☐ M.Phil in Clinical Psychology ☐ M.Ed ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)
☐ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.PEd ☑ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl Ed (ID) ☐ D.PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. PUJA PAUL

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 22/06/2005 (D D M M Y Y Y Y) Blood Group B+ Mobile 9862732238

Email PUJAP22625@gmail.com

Parent's Name Mr./Ms. HARADHAN PAUL

(Res) _____ (Mobile) 8974050066 Nationality INDIAN

Present Address UDAIPUR RAMESH CHOWMUHUNI

UDAIPUR TRIPURA 799120

Permanent Address MAHARANI NOWABARI

UDAIPUR TRIPURA 799123

EDUCATIONAL QUALIFICATION

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
[illegible]	[illegible]	UDAIPUR	TBSE		2022	70.8%	
[illegible]	[illegible]	UDAIPUR	CBSE	ARTS	2023	63.2%	

*For candidates applying for B.Ed/B.Ed Spl. Ed (ID) candidates must have passed [illegible]

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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

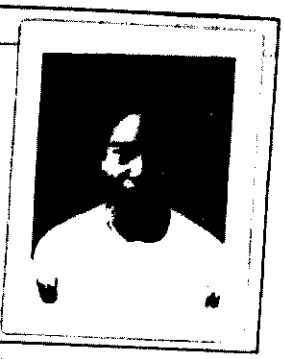
Application Number	
IUTE823-	0187

Please Tick (✓) the program you wish to enroll

[ ] M.Phil in Clinical Psychology [ ] M.Ed [ ] M.Ed. Spl.Ed(ID) [ ] MA (Education)
[ ] B.Ed [ ] B.Ed Spl. Ed (ID) [ ] B.PEd [✓] B.PES [ ] B.PES (Lateral Entry) [ ] D.Ed Spl.Ed (ID) [ ] D.PEd [ ] MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. DONALD HRANGKHAWL



Gender : [✓] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority [ ] Others [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 07/02/2003 (D D / M M / Y Y Y Y) Blood Group AB+ Mobile 6009233954

Email donaldhrangkhawl@gmail.com

Parent's Name Mr./Ms. PADMALAXMI HRANGKHAWL

Tel (Res) _____ (Mobile) 6009233954 Nationality INDIAN

Present Address KAMALACHERRA, AMBASSA, DHALAI, TRIPURA

Permanent Address KAMALACHERRA, AMBASSA, DHALAI, TRIPURA

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	St. Donald Higher School	Jampui Kailasahar	TBSE		2020	49%	6
			TBSE	Arts	2022	69%	5

*Mandatory for Class X, XII etc. ** Applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates; non-submission of marks sheet [illegible] rejection of admission form.

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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to University Campus, Agartala-Simna Road, PO. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application Number IUTE823- 0175

Please Tick (✓) the program you wish to enroll

( ) M Phil in Clinical Psychology ( ) M Ed ( ) M Ed Spl Ed(ID) ( ) MA (Education)
( ) B Ed ( ) B Ed Spl Ed (ID) ( ) B PEd (✓) B PES ( ) B PES (Lateral Entry) ( ) D Ed Spl Ed (ID) ( ) D PEd ( ) MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr/Ms [illegible]

Gender ( ) Male (✓) Female ( ) Transgender

Whether You belong to ( ) SC ( ) ST (✓) OBC ( ) Minority ( ) Others [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth [illegible] Blood Group [illegible] Mobile [illegible]

E mail [illegible]

Parent's Name Mr./Ms [illegible]

Tel (Res) [illegible] (Mobile) [illegible] Nationality [illegible]

Present Address [illegible]

[illegible]

Permanent Address [illegible]

[illegible]

CADEMIC RECORD SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	
II	[illegible]	[illegible]	[illegible]	ARTS	[illegible]	[illegible]	
raduation#							
ostgraduation							
ploma							
thers							

*State Board / CBSE/University etc. # applicable for B.Ed, B Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates non-submission of mark sheets/ wrong entries or discrepancies may lead to rejection of application form.

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Debayan Sutradhar
22IUTO19066
(109)

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.
Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number: IUTE823- 0312

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☑ M.Ed ☐ M.Ed Spl Ed(ID) ☐ MA (Education)
☐ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed (ID) ☐ D.PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. HASRON DEBBARMA

Gender : ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 21/12/2001 (D D / M M / Y Y Y Y) Blood Group AB+ Mobile 9862234032

Email LINNTONDEBBARMA@GMAIL.COM

Parent's Name Mr./Ms. ANANTA DEBBARMA

Tel (Res) _____ (STD Code Tel No.) (Mobile) : 8794192002 Nationality INDIAN

Present Address CPWD COMPLEX GANDHIGRAM QUARTER TYPE-I/08

State Pin

Permanent Address RANGAMALA SEPAHIJALA

State Pin

EDUCATIONAL QUALIFICATIONS (From School Level)

Name of the School/College	City	Board/University	Stream (Science/Arts/Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
R.K.B.K.V.M.S	AGARTALA	CBSE		2021	59.4	
K.V. NO.1 KUMBHIG	AGARTALA	CBSE	ARTS	2023	63%	

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ICFAI UNIVERSITY

The ICFAI University, Tripura

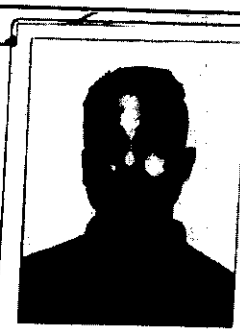
Approved by UGC under Section 2(f) of UGC Act 1956.
Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0313

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed. ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)
☐ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.P.Ed ☑ B.P.E.S ☐ B.P.E.S (Lateral Entry) ☐ D.Ed Spl.Ed.(ID) ☐ D.P.Ed ☐ M.P.E.S

ME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Ms. SAMRAT SAHA

nder : ☑ Male ☐ Female ☐ Transgender

ether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ☑ Others [Please Tick any one(√)]

RSONAL DETAILS (Use Capitals only)

te of Birth 04/12/2005 (D D M M Y Y Y Y) Blood Group B+ Mobile 8413850230

mail sahasamrat9778@gmail.com

rent's Name Mr./Ms. SUKHEN SAHA

l (Res) _____ (Mobile) 9436484319 Nationality Indian

esent Address Jirania, Sachindranagar Colony. West Tripura. Agartala Tripura 799045

Pin

rmanent Address Jirania, Sachindranagar Colony. Jirania P.O. Officetilla. Agartala Tripura 799045.

Name of Exam	Name of University	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
10th	Agartala	CBSE		2021	79.4%	
12th	Agartala	CBSE	Arts	2023	59.4%	

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Tisha D/B
R11UT0190233
(137)

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application Number	
IUTE823-	0316

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed. ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)
☐ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.P.Ed ☑ B.P.E.S ☐ B.P.E.S (Lateral Entry) ☐ D.Ed Spl.Ed (ID) ☐ D.P.Ed ☐ MPES

ME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

t/Ms. HAPPY CHAKMA

nder ☐ Male ☑ Female ☐ Transgender

hether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

RSONAL DETAILS (Use Capitals only)

te of Birth 30/10/2004 Blood Group O+ Mobile 7005543449

mail happychakma3010@gmail.com

rent's Name Mr./Ms. SUBAKYA CHAKMA

l (Res) _____ (Mobile) 7005543449 Nationality INDIAN

esent Address VILL+PO+PS-PECHARTHAL SUBDIVISION
-KUNJARGHAT DIST-UNAKOTI
TRIPURA 799263

manent Address VILL+PO+PS-PECHARTHAL SUBDIVISION
-KUNJARGHAT DIST-UNAKOTI
TRIPURA 799263

ADEMIC RECORD (SCHOOL / COLLEGE)

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects opted
10	P.K.S.	KUMARGHAT	CBSE		2021	45 %	6
12	P.K.S.	KUMARGHAT	CBSE	Arts	2023	[illegible]	6

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Accepted
22/07/2024
IUT CAMPUS (132)
To ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mahanpur, Agartala-799 210, Tripura (West)

Application Number

IUTE823- 0319

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)
☐ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.PEd ☑ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl Ed (ID) ☐ D.PEd ☐ MPES

AME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

r/Ms. PEEYANKABHUJYA

ender : ☐ Male ☐ Female ☑ Transgender

hether You belong to ☑ SC ☐ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(✓)]

RSONAL DETAILS (Use Capitals only)

te of Birth 11/04/2004 Blood Group A- Mobile 8794189274

mail SORUJDAS@GMAIL.COM

rent's Name Mr./Ms. SUNILDHUJYA

(Res) _____ (Mobile) 9612215615 Nationality INDIAN

esent Address NEPALIBASTIMAILABATIPARASBSCHOOL

AGARTALA TRIPURA 799210

rmanent Address NEPALIBASTIMAILABATIPARASBSCHOOL

AGARTALA TRIPURA 799210

EVIOUS RECORD: SCHOOL / COLLEGE

	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	K.V. CRPF	AGARTALA	CBSE		2021	60.2%	
	NSN DNHC	AGARTALA	CBSE	ARTS	2023	57%	

...candidates, non-submission of ...

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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

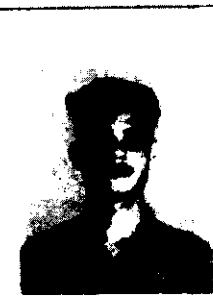
Application Number

IUTE823- 0335

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)
☐ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.PEd ☑ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed (ID) ☐ D.PEd ☐ MPES

E OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr. SURAJ KUMAR BALMIKI

ider : ☑ Male ☐ Female ☐ Transgender

ther You belong to ☑ SC ☐ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

SONAL DETAILS (Use Capitals only)

e of Birth 16/11/2000 Blood Group O+ Mobile 8837445535

hall SURAJKUMARBALMIKI3535@GMAIL.COM

rent's Name Mr./Ms. LAXMI DEVI

(Res) _____ (Mobile) 8837445535 Nationality INDIAN

esent Address RADHAKISHORE NAGAR 2ND BATTALION
HQ CAMPUS NEAR NEEPCO COLONY
AGARTALA TRIPURA 799008

manent Address RADHAKISHORE NAGAR 2ND BATTALION
HQ CAMPUS NEAR NEEPCO COLONY
AGARTALA TRIPURA 799008

...OUS SCHOOL / COLLEGE

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
10	KV KUNJABAN	AGARTALA	CBSE	ARTS	2016	66.6%	6
12	KV KUNJABAN	AGARTALA	CBSE	ARTS	2018	67.8%	5

...ed D.Ed Spl.Ed (ID) candidates only

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(346)

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to. University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0373

Please Tick (✓) the program you wish to enroll.

☐ M.Phil in Clinical Psychology ☐ M.Ed. ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)
☐ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.PEd ☑ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl Ed (ID) ☐ D PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. NAZIR UDDIN

Gender: ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☑ Minority ☐ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 12/02/2004 (D D M M Y Y Y Y) Blood Group B+ Mobile 9233119501

Email naziruddin777333@gmail.com

Parent's Name Mr./Ms. MAKLICH UDDIN

Tel (Res) _____ (STD Code Tel No) (Mobile) 9862522806 Nationality INDIAN

Present Address YILLAGE-EAST BATARASHI P.O-EAST KAMESWAR P.S-DHARMANAGAR DIST-DHARMANAGAR DHARMANAGAR TRIPURA 799253

Permanent Address DO

ACADEMIC RECORD: SCHOOL/COLLEGE

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
10	[illegible] School	Agartala	TBSE	ARTS	2021	60.4	
12	[illegible] Dharmanagar		TBSE	ARTS	2023	52	

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Division AIB
20 IUT 0190343
BJT Campus (412)
The ICFAI University Tripura.

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0382

Please Tick (✓) the program you wish to enroll

☐ M.Phil in Clinical Psychology ☐ M.Ed ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)
☐ B.Ed ☐ B.Ed Spl Ed (ID) ☐ B.PEd ☑ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl Ed (ID) ☐ D.PEd ☐ MPES

APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr. UAISA DEBBARMA

Gender ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

Paste a recent color photograph of size 3.5 x 4.5 cms
The photograph must not be larger than this box.
Do not sign on the photograph and do not staple

DETAILS (Use Capitals only)

Date of Birth 29/09/2001 Blood Group A+ Mobile 6010915749

Name UAISA DEBBARMA

Father's Name Mr /Ms. RINA DEBBARMA

(Res) (Mobile) 8974863523 Nationality Indian

Present Address BAHURAM SARDIRPARA
PO-JANMEJAYNAGAR
PS-RADHAPUR KUMULWNG 799045

Permanent Address

EDUCATIONAL RECORDS

Name of the Exam	City	Board/University	Course (Optional/Arts/Commerce/Science)	Year of Passing	% of Marks / CGPA	Subjects opted
TBSE		TBSE	ARTS	2023	450	5

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Rima Saha
8631293774
@gmail.com
City Office
ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0155

Please Tick (✓) the program you wish to enroll

☐ M.Phil in Clinical Psychology ☐ M.Ed ☐ M.Ed Spl Ed(ID) ☐ MA (Education)
☐ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.PEd ☑ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed (ID) ☐ D.PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) (As it appears in the School Certificates)

Mr./Ms. ABIRACHARJEE

Gender: ☑ Male ☒ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others (Please Tick any one(√))

PERSONAL DETAILS (Use Capitals only)

Date of Birth 05/09/2005 (D D M M Y Y Y Y) Blood Group AB+ Mobile 8798708633

Email Abinachanjee@gmail.com

Parent's Name Mr./Ms. SUBIR ACHARJEE

(Res) _____ (Mobile) 9233119881 Nationality INDIAN

Present Address LANKAMURA NEAR KD INDUSTRY
WEST AGARTALA PIN-799009
AGARTALA TRIPURA 799009

Permanent Address LANKAMURA NEAR KD INDUSTRY
AGARTALA WEST TRIPURA 799009

ACADEMIC RECORD: SCHOOL/COLLEGE

Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
K.V.S. NO-1	AGARTALA	CBSE	COMM	2021	69%	6
K.V.S. NO-1	AGARTALA	CBSE	ARTS	2023	60%	5

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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0518

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed. ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)
☐ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.P.Ed ☑ B.P.E.S ☐ B.P.E.S (Lateral Entry) ☐ D.Ed Spl.Ed.(ID) ☐ D.P.Ed ☐ M.P.E.S

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. RAJYA GYAN CHAKMA

Gender : ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 05/03/2002 (D D/M M/Y Y Y Y) Blood Group ____ Mobile 6909385548

E-mail katingchakma2@gmail.com

Parent's Name Mr./Ms. JANA KUMAR CHAKMA

Tel (Res) _____ (STD Code Ph No.) (Mobile) 9090385546 Nationality Indian

Present Address Baghaichanna-P.O-Pechamthal-P.S-Pechamthal Pin-799263 Tripura

Permanent Address Baghaichanna-P.O-Pechamthal-P.S-Pechamthal-Pin-799263 Tripura

Exam Passed	Board/University	Year of Passing	Subjects (Science/Arts/Commerce)	% of Marks / CGPA	Subjects covered
10th					
12th			ARTS	2020	

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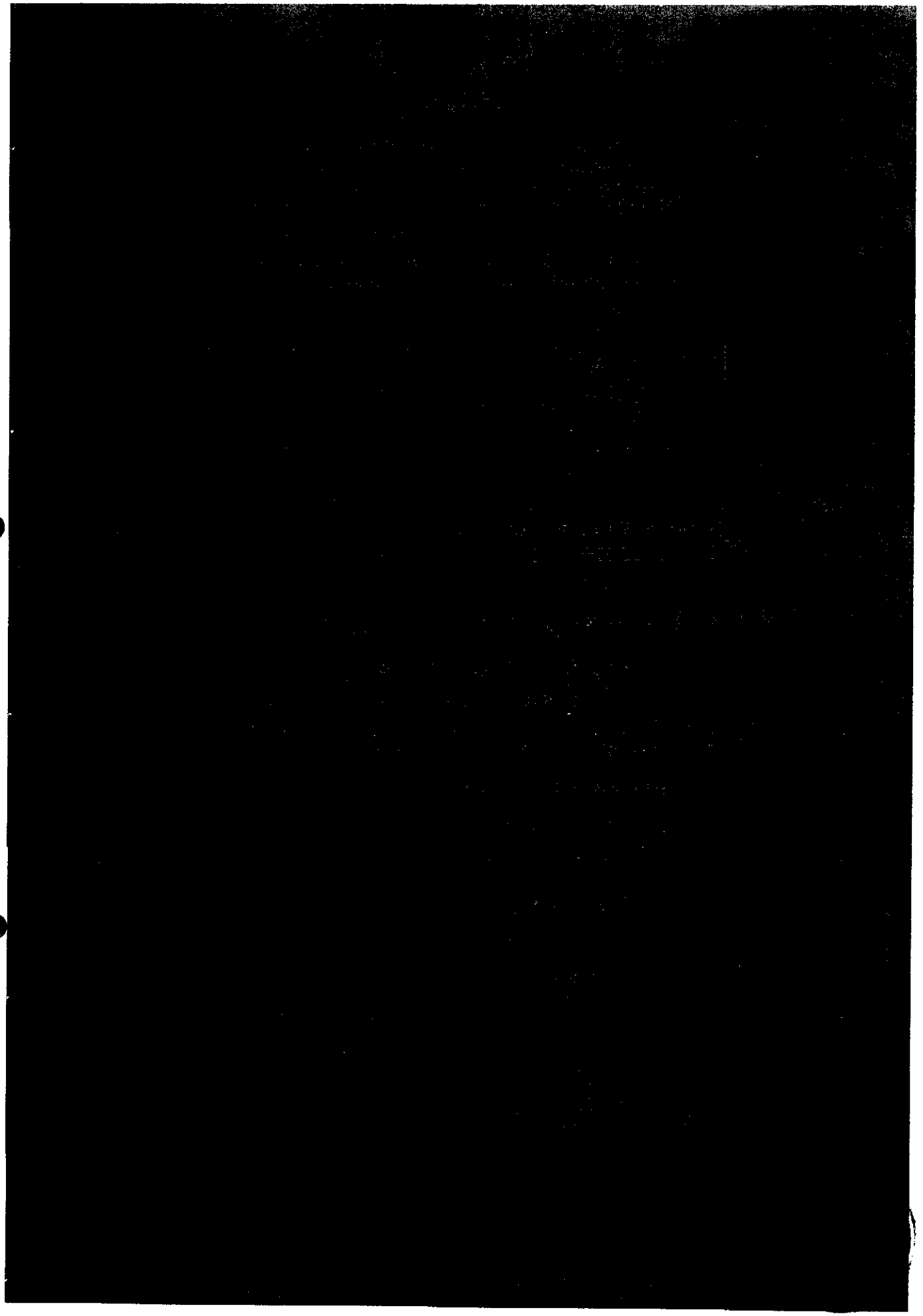

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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application Number
IUTE823- 0365

Please Tick (✓) the program you wish to enroll

[ ] M.Phil in Clinical Psychology [ ] M.Ed [ ] M.Ed Spl Ed(ID) [ ] MA (Education)
[ ] B.Ed [ ] B.Ed Spl Ed (ID) [ ] B.PEd [✓] B.PES [ ] B.PES (Lateral Entry) [ ] D.Ed Spl.Ed (ID) [ ] D.PEd [ ] MPES

(Use Capitals only) (As it appears in the School Certificates)

Mr/Ms THAISHRANGTI REANG

Paste a recent passport photograph here. The photograph must not be more than this. Do not staple the photo and do not staple

Gender: [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority [ ] Others (Please Tick any one(✓))

(Use Capitals only)

Date of Birth 06/04/2005 Blood Group ___ Mobile 8787376966

Email thaishranging@gmail.com

Parent's Name Mr./Ms. NAMITA REANG

(Res) (Mobile) 9863655767 Nationality INDIAN

Present Address VILL-DHANICHANDRA PARA
PO-EASTI BAGAFA PS-SANTIR BAZAR
SANTIRBAZAR TRIPURA 799141

Permanent Address VILL-DHANICHANDRA PARA
PO-EASTI BAGAFA PS-SANTIR BAZAR
SANTIRBAZAR TRIPURA 799141

Name of College	City	State	Stream (Science/Arts/Commerce)	Year of Passing	% or Marks/ CGPA	Semester completed
			ARTS	2021	552	
			ARTS	2023	6.71	

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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application Number

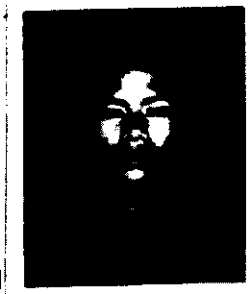
IUTE823- 0599

Please Tick (✓) the program you wish to enroll:

[ ] M Phil in Clinical Psychology [ ] M.Ed. [ ] M Ed Spl Ed(ID) [ ] MA (Education)

[ ] B.Ed [ ] B Ed Spl Ed (ID) [ ] B.PEd [✓] B PES [ ] B PES (Lateral Entry) [ ] D Ed Spl Ed (ID) [ ] D PEd [ ] MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. ANJUWEL DEBBARMA

Gender: [✓] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority [ ] Others [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 10/6/2000 Blood Group Mobile 9383029407

Email anjuldebbarma99@gmail.com

Parent's Name Mr./Ms. NANDALAL DEBBARMA

Tel (Res) (Mobile) 8794553517 Nationality INDIA

Present Address Gagan Sardar Para PS-Ramir Bazar PO-Somamoni Sipai Para Tripura west Agartala Tripura 799055

Permanent Address GAGAN SARDAR PARA PS-RAMIR BAZAR PO-SOMAMONI SIPAI PARA WEST TRIPURA AGARTALA TRIPURA 799055

Name of the School/College	City	State/Province	Stream (Science/Arts/Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
[illegible]	[illegible]	[illegible]		2019	34%	
				2023	72%	

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ICFAI UNIVERSITY TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8415952506, Fax 0381-2865752/62

RSONAL INFORMATION

ourses offered	:	BPES
dmission Number	:	IUTEON-823-379
tudent Name: (As per the 10+2 Certificate)	:	K KOROUNGANBA SINGHA
ather Name	:	K SENAMAN SINGHA
Iother Name	:	-
ate of Birth	:	01/01/2005
dentification Marks (As per the SSC Certificate)		
.	:	-
.	:	-
Iother Tongue	:	-
SC / X H.T.No	:	-
Nationality	:	Indian
Aadhar Card No	:	-
Student Mobile	:	9707432588
Student E-mail	:	korousingha680@gmail.com
Father Mobile	:	9401359294
Mother Mobile	:	-
Gender	:	Male
Community	:	OBC

ONTACT INFORMATION

Permanent Address

Country	:	India
State	:	Assam
[illegible]	:	Cachar
[illegible]	:	[illegible] LAILANGPARTI
[illegible]	:	[illegible] POOL
[illegible]	:	[illegible] 098

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ICFAI University, Tripura
Kunaighat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8415982586, Fax 0381-2865732/42

NAL INFORMATION

s offered	:	BPES
sion Number	:	IUTEON-823-377
t Name:	:	Anmol saha
Name	:	Ratan saha
r Name	:	Gouri saha
f Birth	:	26/06/2005
fication Marks		
the SSC Certificate)		
	:	-
	:	-
r Tongue	:	Bengali
X H.T.No	:	-
nality	:	Indian
ar Card No	:	564211047308
nt Mobile	:	9233063660
nt E-mail	:	Sahaanmol23@gmail.com
r Mobile	:	7005452650
er Mobile	:	-
der	:	Male
munity	:	General

TACT INFORMATION

rrent Address		
	:	India
	:	Tripura
	:	West Tripura
	:	-
	:	Bordowali Madhyapara
	:	Bordowali
	:	799003

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Bapna, Debasish
A(UT.0.35A0.04...
Campus (899)
University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number: IUTE823- 0581

Please Tick (✓) the program you wish to enroll.

☐ M.Phil in Clinical Psychology ☐ M.Ed ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)
☐ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.PEd ☑ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed (ID) ☐ D.PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr/Ms KABIR JAMATIA

Gender: ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 19/05/2005 Blood Group AB+ Mobile 8974393059

Email KABIRJAMATIA19@GMAIL.COM

Parent's Name Mr./Ms. HARI MOHAN JAMATIA

Aadhar (Res) _____ (Mobile) 8787394966 Nationality INDIAN

Present Address VILL-KOPRA PARA PO-CHECHUA BAZAR
PS-AMPI NAGAR PIN-799101
MARIPUR TRIPURA 799101

Permanent Address VILL-KOPRA PARA PO-CHECHUA BAZAR
PS-AMPI NAGAR
MARIPUR TRIPURA 799101

		Stream (Science/Arts/Commerce)	Year of Passing	% of Marks/ CGPA	Backlogs if any
		Arts	2021	57.67	
		Arts	2023	52.67	

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The ICFAI University, Tripura

Approved by UGC under Section 3(f) of UGC Act, 1956

Please submit the completed Application Form to: University Campus, Agartala-Sonamura Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number: UTB22 - 0538

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed. ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)

☐ B.Ed Spl Ed (ID) ☐ B.Ed ☐ B.A.B.Ed ☐ B.P.Ed. (Lateral Entry) ☐ D.Ed Spl.Ed (ID) ☐ D.P.Ed ☐ MPES

(Use Capital only / Any Change in the Appeal Certificate)

1. Name: SHREE PIAUL

2. Gender: ☑ Female ☐ Transgender

3. Belong to: ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others (Please Tick any one(√))

(For ICFAI Office use only)

4. DOB: 13/10/97 Blood Group: O+ Mobile: 9806319235

5. Email: shreepaul0097@gmail.com

6. Father's Name: ANIL PAUL

7. Aadhar No.: 258034263 Nationality: INDIAN

8. Mother's Name: [illegible]

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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application Number: IUTE823- 0536

Please Tick (✓) the program you wish to enroll

[ ] M.Phil in Clinical Psychology [ ] M.Ed [✓] M.Ed. Spl Ed(ID) [ ] MA (Education)
[ ] B.Ed [ ] B.Ed Spl. Ed (ID) [ ] B.PEd [ ] B.PES [✓] B.PES (Lateral Entry) [ ] D.Ed Spl Ed (ID) [ ] D.PEd [ ] MPES

APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr. DANIEL DEBBARMA

Gender: [✓] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority [ ] Others [Please Tick any one(✓)]

DETAILS (Use Capitals only)

Date of Birth: 30/05/2002 Blood Group: B+ Mobile: 9362824587

Email: daniellvanma700@gmail.com

Father's Name Mr./Ms.: PRADIP DEBBARMA

(Res) (Mobile) 8787635290 Nationality: INDIAN

Present Address: BHAGABAN THAKUR PARA

PO: DHJUNGNAGAR PS: LEFUNGA

PIN: 799210

Permanent Address: BHAGABAN THAKUR PARA

PO: DHJUNGNAGAR PS: LEFUNGA

PIN: 799210

			Arts	2022	53.8	
			Arts	2024	61%	

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Elisha Tripura
21/07/1970/91
(B24)

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application Number IUTE823- 0528

Please Tick (✓) the program you wish to enroll.

☐ M.Phil in Clinical Psychology ☐ M.Ed. ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)
☐ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.PEd ☑ B.PES ☑ B.PES (Lateral Entry) ☐ D.Ed Spl Ed (ID) ☐ D.PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr/Ms RAJU TRIPURA

Gender : ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others (Please Tick any one(✓))

PERSONAL DETAILS (Use Capitals only)

Date of Birth 03/12/2005 Blood Group A+ve Mobile 7005537305

Email raju.tripura2503@gmail.com

Parent's Name Mr./Ms. SUKHINALA TRIPURA

Tel (Res) _____ (Mobile) 7005537305 Nationality Indian

Present Address KALACHARA TWI KHUMBA PS-MANUBAZAR
PO-BHURATALI PIN-799143
DISTRICT-SOUTH TRIPURA

Permanent Address KALACHARA TWI KHUMBA PS-MANUBAZAR
PO-BHURATALI DISTRICT-SOUTH TRIPURA
TRIPURA PIN-799143

ACADEMIC RECORD (SCHOOL/COLLEGE)

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
			CBSE	Arts	2021	67.8%	5
			CBSE	Arts	2023	69%	5

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Application Number
IUTE823- 0513

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Please Tick (✓) the program you wish to enroll

☐ M.Phil in Clinical Psychology ☐ M.Ed ☐ M.Ed Spl Ed(ID) ☐ MA (Education)
☐ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.PEd ☑ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl Ed (ID) ☐ D.PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. RIMA ROY

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 22/12/2005 (D D / M M / Y Y Y Y) Blood Group O+ Mobile 8731013337

Email

Parent's Name Mr./Ms. RATI RANJAN ROY

(Res) _____ (Mobile) 9366860063 Nationality INDIAN

Present Address SOUTH KALAMCHANRA, BOXANAGAR, SONAMURA, SIPAHIJALA, TRIPURA 799102

Permanent Address DO

Academic Record: School / College

Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
[illegible]	[illegible]	TBSE		2021	52.4	
[illegible]	[illegible]	TBSE	ARTS	2023	62	

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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application Number

IUTE823- 0388

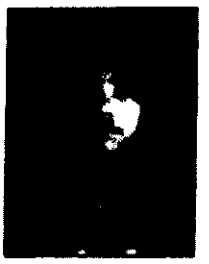
Please Tick (✓) the program you wish to enroll

[ ] M Phil in Clinical Psychology [ ] M.Ed [ ] M.Ed. Spl Ed(ID) [ ] MA (Education)

[ ] B.Ed [ ] B.Ed Spl. Ed (ID) [ ] B.PEd [✓] B.PES [ ] B.PES (Lateral Entry) [ ] D.Ed Spl.Ed (ID) [ ] D.PEd [ ] MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr/Ms SUPRIYA DEBBARMA



Gender [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority [ ] Others [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 01/01/2005 Blood Group B(+) Mobile 9362939593

Email SUPRIYADEBBARMA012@GMAIL.COM

Parent's Name Mr/Ms MANOJ KUMAR DEBBARMA

Tel (Res) _____ (Mobile) 8974223808 Nationality INDIAN

Present Address VILL+PO+PS-NORTH MAHARANIPUR

JUNGLI AKAMI SUBDIVISION-TELIAMURA

DIST-KHOWAI TRIPURA 799205

Permanent Address VILL+PO+PS-NORTH MAHARANIPUR

JUNGLI AKAMI SUBDIVISION-TELIAMURA

DIST-KHOWAI TRIPURA 799205

State Pin

ACADEMIC RECORD: SCHOOL / COLLEGE

	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
10th	[illegible]	KUMARGHAT	CBSE		2021	69%	6
12th	[illegible]	KUMARGHAT	CBSE	ARTS	2023	72.16	6

*Mandatory for all candidates for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates; non-submission of [illegible] will lead to rejection of application forms.

3

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ICFAI UNIVERSITY TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8415952506, Fax 0381-2865752/62

RSONAL INFORMATION

ourses offered	:	BPES
dmission Number	:	IUTEON-823-424
udent Name: per the 10+2 Certificate	:	AMJAK JAMATIA
ther Name	:	AMAR SINGH JAMATIA
other Name	:	ANJALI JAMATIA
ate of Birth	:	23/01/2005
entification Marks per the SSC Certificate)		
	:	Mole upper lip
	:	Mole left hand
other Tongue	:	Kokborokh
SC / X H.T.No	:	1304780
ationality	:	Indian
adhar Card No	:	504499633080
udent Mobile	:	8414959851
udent E-mail	:	amjakjamatia@gmail.com
ther Mobile	:	9436584197
other Mobile	:	7628844150
ender	:	Male
ommunity	:	ST

NTACT INFORMATION

ermanent Address		
ountry	:	India
	:	Tripura
	:	West Tripura
	:	
	:	Barjala
	:	Agartala
	:	799002

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The ICFAI University, Tripura
(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN–799210, ☎Tel: 0381- 2865752/62 Fax: 2865754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
M.Ed Spl.Ed.(ID)
Application No
IUTE-823-0639

RAJEN HRANGKHAWL

-

05-06-2023

SUBJECT: OFFER FOR ADMISSION INTO M.Ed Spl.Ed.(ID) PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **2 years M.Ed Spl.Ed.(ID)** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **25-06-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **M.Ed Spl.Ed.(ID)** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

23/06/05

Admissions Officer
Faculty of Special Education
ICFAI University Tripura

Admission Officer
ICFAI University, Tripura.

The ICFAI University TRIPURA

6/4/2023 1:13 PM

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The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN–799210, ☎Tel: 0381- 2866752/62 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
M.Ed Spl.Ed.(ID)
Application No
IUTE-823-0301

MARTHA DARLONG

-

14-06-2023

SUBJECT: OFFER FOR ADMISSION INTO M.Ed Spl.Ed.(ID) PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **2 years M.Ed Spl.Ed.(ID)** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **04-07-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **M.Ed Spl.Ed.(ID)** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer
Faculty of Special Education
ICFAI University Tripura

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The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN-799210, ☎Tel: 0381- 2865752/62 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
M.Ed Spl.Ed.(ID)
Application No
IUTE-823-0640

HAMTHABIKI DARLONG

14-06-2023

SUBJECT: OFFER FOR ADMISSION INTO M.Ed Spl.Ed.(ID) PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **2 years M.Ed Spl.Ed.(ID)** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee for Semester I** and **Caution deposit** (refundable) are to be paid by **04-07-2023.** The fee has to be paid by DD in favour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **M.Ed Spl.Ed.(ID)** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer
Faculty of Special Education
ICFAI University Tripura

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TTAADC

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN-799210, Tel: 0381- 2865752/62 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
Integrated B.Sc-B.Ed Spl.Ed.
Application No
IUTE-823-0572

SALUNI DEBBARMA

-

22-08-2023

SUBJECT: OFFER FOR ADMISSION INTO Integrated B.Sc-B.Ed Spl.Ed. PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **4 years Integrated B.Sc-B.Ed Spl.Ed.** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **11-09-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **Integrated B.Sc-B.Ed Spl.Ed.** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer
Faculty of Education
ICFAI University Tripura

Admissions Officer
Faculty of Education
ICFAI University Tripura

The ICFAI University Tripura

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YYKADC

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN–799210, Tel: 0381- 2865752/62 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
Integrated B.Sc-B.Ed Spl.Ed.
Application No
IUTE-823-0576

JAMES ROLEN MOLSOM

-

25-08-2023

SUBJECT: OFFER FOR ADMISSION INTO Integrated B.Sc-B.Ed Spl.Ed. PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **2 years Integrated B.Sc-B.Ed Spl.Ed.** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **14-09-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned In the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **Integrated B.Sc-B.Ed Spl.Ed.** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer
Faculty of Education
ICFAI University, Tripura

Admission Officer
ICFAI University, Tripura

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The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)

Campus address: Kamalghat (near Agartala), PIN–799210, Tel: 0381-2868752/82 Fax: 2865764

Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
Integrated B.Sc-B.Ed Spl.Ed.
Application No
IUTE-823-0577

JANTASHI REANG

25-08-2023

SUBJECT: OFFER FOR ADMISSION INTO Integrated B.Sc-B.Ed Spl.Ed. PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and Interview**, we are happy to offer you **provisional admission** into **2 years Integrated B.Sc-B.Ed Spl.Ed.** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **14-09-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **Integrated B.Sc-B.Ed Spl.Ed.** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer
Faculty of Education
ICFAI University Tripura

Admission Officer
ICFAI University, Tripura

Scanned with OKEN Scanner

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalpur (near Agartala), PIN-799210, Tel: 0381 2865752/62 Fax: 2865754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
Integrated B.Sc-B.Ed Spl.Ed.
Application No
IUTE-823-0595

NAYEEKI REANG

11-09-2023

SUBJECT: OFFER FOR ADMISSION INTO Integrated B.Sc-B.Ed Spl.Ed. PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **2 years Integrated B.Sc-B.Ed Spl.Ed.** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee for Semester I and Caution deposit** (refundable) are to be paid by **01-10-2023**. The fee has to be paid by DD in favour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **Integrated B.Sc-B.Ed Spl.Ed.** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.09.2023

Wishing you all the best!

Admissions Officer
Faculty of Education
ICFAI University, Tripura

Admission Officer
ICFAI University, Tripura

Scanned with OKEN Scanner

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamaljalal (near Agartala), PIN-799210, Tel: 0381-2865752/62 Fax: 2865754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
Integrated B.Sc-B.Ed Spl.Ed.
Application No
IUTE-823-0179

TUSHAR DEBNATH

07-07-2023

SUBJECT: OFFER FOR ADMISSION INTO Integrated B.Sc-B.Ed Spl.Ed. PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and Interview**, we are happy to offer you **provisional admission** into **2 years Integrated B.Sc-B.Ed Spl.Ed.** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **27-07-2023**. The fee has to be paid by DD in favour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **Integrated B.Sc-B.Ed Spl.Ed.** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer 07.07.2023
ICFAI City Office
ICFAI University Tripura

ICFAI UNIVERSITY TRIPURA CITY OFFICE

The ICFAI University TRIPURA

Scanned with OKEN Scanner

The ICFAI University, Tripura

(Established under Section 4(3) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN-799210, ☎ Tel: 0381-2865752/62 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
Integrated B.Sc-B.Ed Spl.Ed.
Application No
IUTE-823-0295

SUKANTA GHOSH

19-06-2023

SUBJECT: OFFER FOR ADMISSION INTO Integrated B.Sc-B.Ed Spl.Ed. PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **2 years Integrated B.Sc-B.Ed Spl.Ed.** program.

In order to **complete** the admission process, you have to pay the admission **fee** immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **09-07-2023**. The fee has to be paid by DD in **favour** of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. **Fee also can be paid** through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **Integrated B.Sc-B.Ed Spl.Ed.** program have to register in the prescribed set of courses of the **first semester** between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer
Faculty of Education
ICFAI University, Tripura

ICFAI University, Tripura

Scanned with OKEN Scanner

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN–799210, Tel: 0381- 2865752/62 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
Integrated B.Sc-B.Ed Spl.Ed.
Application No
IUTEON-823-277

SRISTI BHAUMIK

10-07-2023

SUBJECT: OFFER FOR ADMISSION INTO Integrated B.Sc-B.Ed Spl.Ed. PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and Interview,** we are happy to offer you **provisional admission** into **2 years Integrated B.Sc-B.Ed Spl.Ed.** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **30-07-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **Integrated B.Sc-B.Ed Spl.Ed.** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

16/8/23
Admissions Officer
Faculty of Education
ICFAI University Tripura

Admission Officer
ICFAI University, Tripura.

Scanned with OKEN Scanner

The ICFAI University, Tripura

(Established under Section 3(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalpur (near Agartala), PIN 799210, ☎ Tel: 0381 2865752/62 Fax: 2865754
Website: www.iutripura.edu.in ✉ E-mail: registrar@iutripura.edu.in

Selection Notified
B.Ed Spl. Ed (ID)
Application No
IUTE-823-0232

AKASH DEBBARMA

30-05-2023

SUBJECT: OFFER FOR ADMISSION INTO B.Ed Spl. Ed (ID) PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview,** we are happy to offer you **provisional admission** into **2 years B.Ed Spl. Ed (ID)** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **19-06-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **B.Ed Spl. Ed (ID)** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer
Faculty of Special Education
ICFAI University Tripura.

Admission Officer
The ICFAI University Tripura.

The ICFAI University TRIPURA

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN–799210, ☎Tel: 0381- 2865752/02 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
B.Ed Spl. Ed (ID)
Application No
IUTE-823-0236

PURNIMA JAMATIA

01-05-2023

SUBJECT: OFFER FOR ADMISSION INTO B.Ed Spl. Ed (ID) PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **2 years B.Ed Spl. Ed (ID)** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **21-05-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **B.Ed Spl. Ed (ID)** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

01/05/23

Admissions Officer
Faculty of Special Education
ICFAI University Tripura

Admission Officer
ICFAI University, Tripura.

The ICFAI University, Tripura

(Established under Section 3(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala) PIN 799210. ☎Tel: 0381 2865752/62 Fax: 2865754
Website www.iutripura.edu.in E-mail registrar@iutripura.edu.in

Selection Notified
B.Ed Spl. Ed (ID)
Application No
IUTE-823-0244

SAMRITA DEBNATH

29-05-2023

SUBJECT: OFFER FOR ADMISSION INTO B.Ed Spl. Ed (ID) PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **2 years B.Ed Spl. Ed (ID)** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **18-06-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **B.Ed Spl. Ed (ID)** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer
Faculty of Special Education
ICFAI University Tripura

Admissions Officer
The ICFAI University Tripura.

Note: - Provisional admission into 2 years B.Ed Spl. Ed (ID) program given in condition that the candidate will fulfill the required admission criteria as per the University norms and will submit her mark sheet within 30th August 2023. Failing to which his admission will stand cancelled immediately.

Admissions Officer
ICFAI University Tripura

Admissions Officer
The ICFAI University Tripura.

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN-799210, ☎Tel: 0381- 2865752/62 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
B.Ed Spl. Ed (ID)
Application No
IUTE-823-0293

SUPANTA GHOSH

-

09-06-2023

SUBJECT: OFFER FOR ADMISSION INTO B.Ed Spl. Ed (ID) PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **2 years B.Ed Spl. Ed (ID)** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **29-06-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **B.Ed Spl. Ed (ID)** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer,
Faculty of Special Education
ICFAI University, Tripura

Admissions Officer
ICFAI University, Tripura.

The ICFAI University TRIPURA

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN–799210. ☎Tel: 0381- 2865752/62 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
B.Ed Spl. Ed (ID)
Application No
IUTE-823-0318

ANIMIKA DEBBARMA

17-05-2023

SUBJECT: OFFER FOR ADMISSION INTO B.Ed Spl. Ed (ID) PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **2 years B.Ed Spl. Ed (ID)** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **06-06-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **B.Ed Spl. Ed (ID)** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer
Faculty of Special Education
ICFAI University Tripura

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN-799210, Tel: 0381- 2865752/62 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
B.Ed Spl. Ed (ID)
Application No
IUTE-823-0338

DOLLY DEBBARMA

-

25-05-2023

SUBJECT: OFFER FOR ADMISSION INTO B.Ed Spl. Ed (ID) PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **2 years B.Ed Spl. Ed (ID)** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **14-06-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **B.Ed Spl. Ed (ID)** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer
Faculty of Special Education
ICFAI University, Tripura

Admission Officer
ICFAI University, Tripura.

The ICFAI University TRIPURA

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN-799210, ☎Tel: 0381- 2865752/62 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
B.Ed Spl. Ed (ID)
Application No
IUTE-823-0340

SANJANA MARAK

.

08-06-2023

SUBJECT: OFFER FOR ADMISSION INTO B.Ed Spl. Ed (ID) PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **2 years B.Ed Spl. Ed (ID)** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **28-06-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **B.Ed Spl. Ed (ID)** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer,
Faculty of Special Education
ICFAI University Tripura

Admissions Officer
ICFAI University Tripura

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalpur (Near Agartala) PIN 799210. Tel: 0381 2865752/62 Fax: 2865 754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
B.Ed Spl. Ed (ID)
Application No
IUTE-823-0346

LAIMI DEBBARMA

30-05-2023

SUBJECT: OFFER FOR ADMISSION INTO B.Ed Spl. Ed (ID) PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview,** we are happy to offer you **provisional admission** into **2 years B.Ed Spl. Ed (ID)** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **19-06-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **B.Ed Spl. Ed (ID)** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer
Faculty of Special Education
ICFAI University, Tripura

Admission Officer
The ICFAI University Tripura.

register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023.

The ICFAI University TRIPURA

The ICFAI University, Tripura
(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalpur (near Agartala), PIN -799210, ☎Tel: 0381-2865752/62 Fax: 2865754
🌐Website: www.iutripura.edu.in ✉E-mail: registrar@iutripura.edu.in

Selection Notified
B.Ed Spl. Ed (ID)
Application No
IUTE-823-0354

SACHALANG DEBBARMA

-

06-06-2023

SUBJECT: OFFER FOR ADMISSION INTO B.Ed Spl. Ed (ID) PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **2 years B.Ed Spl. Ed (ID)** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **26-06-2023**. The fee has to be paid by DD in favour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **B.Ed Spl. Ed (ID)** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

06/06/23

Admissions Officer
Faculty of Special Education
ICFAI University Tripura

Admission Officer
ICFAI University, Tripura.

6/6/2023, 1:30 AM

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN–799210, ☎Tel: 0381- 2865752/62 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
B.Ed Spl. Ed (ID)
Application No
IUTE-823-0362

HRIDAY TRIPURA

09-06-2023

SUBJECT: OFFER FOR ADMISSION INTO B.Ed Spl. Ed (ID) PROGRAM 2023-24

Dear **Candidate,**

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview,** we are happy to offer you **provisional admission** into **2 years B.Ed Spl. Ed** (ID) program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **29-06-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **B.Ed Spl. Ed (ID)** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer,
Faculty of Special Education
ICFAI University Tripura

Admissions Officer,
ICFAI University, Tripura.

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN–799210, ☎Tel: 0381- 2865752/62 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
B.Ed Spl. Ed (ID)
Application No
IUTE-823-0364

BISHARATH DEBBARMA

-

09-06-2023

SUBJECT: OFFER FOR ADMISSION INTO B.Ed Spl. Ed (ID) PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **2 years B.Ed Spl. Ed (ID)** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **29-06-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **B.Ed Spl. Ed (ID)** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer
Faculty of Special Education
ICFAI University Tripura

Assistant Registrar
ICFAI University, Tripura.

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN–799210, Tel: 0381- 2865752/62 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
B.Ed Spl. Ed (ID)
Application No
IUTE-823-0375

RESHMA DEBBARMA

SUBJECT: OFFER FOR ADMISSION INTO B.Ed Spl. Ed (ID) PROGRAM 2023-24

Dear **Candidate,**

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **2 years B.Ed Spl. Ed (ID)** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **06-07-2023.** The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **B.Ed Spl. Ed (ID)** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer
Faculty of Special Education
ICFAI University Tripura

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN-799210, ☎Tel: 0381- 2865752/62 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
B.Ed Spl. Ed (ID)
Application No
IUTE-823-0385

RAJAT DEY

07-07-2023

SUBJECT: OFFER FOR ADMISSION INTO B.Ed Spl. Ed (ID) PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview,** we are happy to offer you **provisional admission** into **2 years B.Ed Spl. Ed (ID)** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **27-07-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **B.Ed Spl. Ed (ID)** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

7/07/23

Admissions Officer
Faculty of Special Education
ICFAI University Tripura

Admission Officer
ICFAI University, Tripura.

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN–799210, Tel: 0381- 2865752/62 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
B.Ed Spl. Ed (ID)
Application No
IUTE-823-0386

MANIKA HRISHA DEBBARMA

07-07-2023

SUBJECT: OFFER FOR ADMISSION INTO B.Ed Spl. Ed (ID) PROGRAM 2023-24

Dear **Candidate,**

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and Interview,** we are happy to offer you **provisional admission** into **2 years B.Ed Spl. Ed (ID)** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **27-07-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **B.Ed Spl. Ed (ID)** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

7/07/23

Admissions Officer
Faculty of Special Education
ICFAI University Tripura

Admission Officer
ICFAI University, Tripura.

The ICFAI University TRIPURA

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN–799210, Tel: 0381- 2865752/62 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
B.Ed Spl. Ed (ID)
Application No
IUTE-823-0391

APARNA DAS

18-07-2023

SUBJECT: OFFER FOR ADMISSION INTO B.Ed Spl. Ed (ID) PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **2 years B.Ed Spl. Ed (ID)** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **07-08-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **B.Ed Spl. Ed (ID)** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer
Faculty of Special Education
ICFAI University, Tripura

Admissions Officer
ICFAI University, Tripura

The ICFAI University TRIPURA

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN–799210, ☎Tel: 0381- 2805752/62 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
B.Ed Spl. Ed (ID)
Application No
IUTE-823-0392

PUJA BISWAS

12-07-2023

SUBJECT: OFFER FOR ADMISSION INTO B.Ed Spl. Ed (ID) PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **2 years B.Ed Spl. Ed (ID)** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **01-08-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **B.Ed Spl. Ed (ID)** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer,
Faculty of Special Education
ICFAI University, Tripura

Admissions Officer
ICFAI University, Tripura.

The ICFAI University TRIPURA

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN–799210, ☎Tel: 0381- 2805752/62 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
B.Ed Spl. Ed (ID)
Application No
IUTE-823-0393

Manidipa Roy

10-07-2023

SUBJECT: OFFER FOR ADMISSION INTO B.Ed Spl. Ed (ID) PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **2 years B.Ed Spl. Ed (ID)** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **30-07-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **B.Ed Spl. Ed (ID)** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer
Faculty of Special Education
ICFAI University Tripura

Admission Officer
ICFAI University Tripura

:- Provisional admission into 2 years B.ED.SPL.ED (ID) given in condition that the candidate will fulfill the required admission ria as per the University norms and will submit his mark sheet within 7 Days of Declaration of result. Failing to which his ission will stand cancelled immediately.

Admission Officer
ICFAI University Tripura

The ICFAI University TRIPURA

The ICFAI University, Tripura

(Established under Section 3(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus Address: Kamalpur Road, Agartala, PIN 799210 Tel: 0381 2865752/862 Fax: 2865754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
B.Ed Spl. Ed (ID)
Application No
IUTE-823-0398

BIBHAS BISWAS

01-07-2023

SUBJECT: OFFER FOR ADMISSION INTO B.Ed Spl. Ed (ID) PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview,** we are happy to offer you **provisional admission** into **2 years B.Ed Spl. Ed (ID)** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **21-07-2023**. The fee has to be paid by DD in favour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **B.Ed Spl. Ed (ID)** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

01.07.23

Admissions Officer
Faculty of Special Education
ICFAI University, Tripura

Admission Officer
ICFAI University, Tripura

The ICFAI University Tripura

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN–799210, ☎Tel: 0381- 2865752/62 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
B.Ed Spl. Ed (ID)
Application No
IUTE-823-0511

PARAMITA CHAKRABORTY

19-07-2023

SUBJECT: OFFER FOR ADMISSION INTO B.Ed Spl. Ed (ID) PROGRAM 2023-24

Dear **Candidate,**

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **2 years B.Ed Spl. Ed (ID)** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **08-08-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **B.Ed Spl. Ed (ID)** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer
Faculty of Special Education
ICFAI University Tripura

Admission Officer
ICFAI University Tripura

Cash-20000/received cash on 19/07/2023

Admission Officer
ICFAI University, Tripura.

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN-799210, Tel: 0381- 2805752/62 Fax: 2805754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
B.Ed Spl. Ed (ID)
Application No
IUTE-823-0544

TAMALIKA RUPINI

03-07-2023

SUBJECT: OFFER FOR ADMISSION INTO B.Ed Spl. Ed (ID) PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview,** we are happy to offer you **provisional admission** into **2 years B.Ed Spl. Ed (ID)** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **23-07-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **B.Ed Spl. Ed (ID)** program have to egister in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Vishing you all the best!

7/03/23

Admissions Officer
Faculty of Special Education
CFAI University Tripura

Admission Officer
ICFAI University, Tripura.

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN-799210, Tel: 0381- 2865752/62 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
B.Ed Spl. Ed (ID)
Application No
IUTE-823-0547

TWISA DEBBARMA

20-07-2023

SUBJECT: OFFER FOR ADMISSION INTO B.Ed Spl. Ed (ID) PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and Interview**, we are happy to offer you **provisional admission** into **2 years B.Ed Spl. Ed (ID)** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **09-08-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **B.Ed Spl. Ed (ID)** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

20-07-23
Admissions Officer
Faculty of Special Education
ICFAI University Tripura

Admission Officer
ICFAI University, Tripura.

Note: Admission Fee Rs. Paid

20-07-2023
Admission Officer
ICFAI University, Tripura.

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN-799210. Tel: 0381- 2866752/62 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
B.Ed Spl. Ed (ID)
Application No
IUTE-823-0563

SUHENA AKTAR

14-08-2023

SUBJECT: OFFER FOR ADMISSION INTO B.Ed Spl. Ed (ID) PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **2 years B.Ed Spl. Ed (ID)** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **30-08-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card OR Online mode.

Registration and Orientation: All the candidates admitted to **B.Ed Spl. Ed (ID)** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

14/08/23
Admissions Officer
Faculty of Special Education
ICFAI University Tripura
Admission Officer
ICFAI University, Tripura

Note: - Provisional admission into 2 B.Ed Spl. Ed (ID) given in condition that the candidate will fulfill the required admission criteria as per the University norms and will submit her mark sheet within 30th August 2023. Failing to which his admission will stand cancelled immediately.

14-08/23
Admissions Officer
ICFAI University Tripura
Admission Officer
ICFAI University, Tripura

Admission Fee
Received by cash Rs. 20,000
Admission Officer
ICFAI University, Tripura 14/08/23

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN–799210, ☎Tel: 0381- 2605752/62 Fax. 2605-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
B.Ed Spl. Ed (ID)
Application No
IUTE-823-0626

ANAMIKA DEB

24-04-2023

SUBJECT: OFFER FOR ADMISSION INTO B.Ed Spl. Ed (ID) PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and Interview**, we are happy to offer you **provisional admission** into **2 years B.Ed Spl. Ed (ID)** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **14-05-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **B.Ed Spl. Ed (ID)** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

29/04/23
Admissions Officer
Faculty of Special Education
ICFAI University Tripura
Admission Officer
ICFAI University, Tripura.

Note: - Provisional admission into 2 year B.ED.SPL.ED..ID program given in condition that the candidate will fulfill the required admission criteria as per the University norms and will submit his mark sheet within 1ST Aug 2023. Failing to which his admission will stand cancelled immediately.

29/04/23
Admissions Officer
ICFAI University Tripura
Admission Officer
ICFAI University, Tripura.

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN-799210, ☎ Tel: 0381- 2865752/62 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
B.Ed Spl. Ed (ID)
Application No
IUTEON-823-035

LAXMI RANI BANIK

27-04-2023

SUBJECT: OFFER FOR ADMISSION INTO B.Ed Spl. Ed (ID) PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and Interview**, we are happy to offer you **provisional admission** into **2 years B.Ed Spl. Ed (ID)** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **17-05-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **B.Ed Spl. Ed (ID)** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer
Faculty of Special Education
ICFAI University, Tripura

Admissions Officer
ICFAI University, Tripura

The ICFAI University Tripura

Orientation program will start from 06.08.2023

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN–799210, Tel: 0381- 2865752/62 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
B.Ed Spl.Ed(ID)
Application No
IUTEON-823-071

Name : - **Mr. SAGAR SARKAR**

Father Name : - Mr. Samir Sarkar

DATE:-20/03/2023

SUBJECT: - OFFER FOR ADMISSION INTO B.Ed Spl.Ed(ID)PROGRAM 2022-23

Dear Candidate,

Congratulations!

Based on your performance in written examination and interview, we are happy to offer you provisional admission into 2 years Full-Time B.Ed Spl.Ed(ID) program.

In order to complete the admission process, you have to pay the admission fee immediately after receiving the offer letter. Program fee for Semester I and Caution deposit (refundable) are to be paid by **01.06.2023**. The fee has to be paid by DD in favour of "THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C" payable at Agartala and sent to UNIVERSITY address mentioned in the Prospectus. Fee also can be paid through Debit/Credit card OR Online mode.

Wishing you all the best!

20/03/2023

Admission Officer
ICFAI UNIVERSITY, TRIPURA

Admission Officer
ICFAI University, Tripura.

Caution deposit Rs. 19000/- &
Admission fee Rs. 24000/- Received
by Card Swipe on on 20/3/2023

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN–799210. Tel: 0381- 2865752/62 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
B.Ed Spl. Ed (ID)
Application No
IUTEON-823-093

PARMITA DAS

20-03-2023

SUBJECT: OFFER FOR ADMISSION INTO B.Ed Spl. Ed (ID) PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **2 years B.Ed Spl. Ed (ID)** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **09-04-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **B.Ed Spl. Ed (ID)** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer
Faculty of Special Education
ICFAI University Tripura

Admission Officer
ICFAI University, Tripura.

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN - 799210, ☎ Tel: 0381- 2805752/62 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
B.Ed Spl. Ed (ID)
Application No
IUTEON-823-239

SWEETY DEBBARMA

03-05-2023

SUBJECT: OFFER FOR ADMISSION INTO B.Ed Spl. Ed (ID) PROGRAM 2023-24

Dear **Candidate,**

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and Interview,** we are happy to offer you **provisional admission** into **2 years B.Ed Spl. Ed (ID)** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee for Semester I** and **Caution deposit** (refundable) are to be paid by **23-05-2023.** The fee has to be paid by DD in favour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **B.Ed Spl. Ed (ID)** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

3/5/2023

Admissions Officer
Faculty of Special Education
ICFAI University Tripura

Admission Officer
ICFAI University, Tripura.

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN-799210, Tel: 0381-2865752/62 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
B.Ed Spl. Ed (ID)
Application No
IUTEON-823-272

BARSA DEBBARMA

AGARTALA,
AGARTALA,
West Tripura,
Tripura, PIN - 799007

31-05-2023

SUBJECT: OFFER FOR ADMISSION INTO B.Ed Spl. Ed (ID) PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and Interview**, we are happy to offer you **provisional admission** into **2 years B.Ed Spl. Ed (ID)** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **20-06-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **B.Ed Spl. Ed (ID)** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

31/05/23

Admissions Officer
Faculty of Special Education
ICFAI University Tripura

Admission Officer
ICFAI University, Tripura.

5/31/2023, 2:03 AM

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN-799210, ☎Tel: 0381- 2865752/02 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
B.Ed Spl. Ed (ID)
Application No
IUTEON-823-287

NAINA DAS

CHANPUR,
AGARTALA,
West Tripura,
Tripura, PIN - 799008

30-06-2023

SUBJECT: OFFER FOR ADMISSION INTO B.Ed Spl. Ed (ID) PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **2 years B.Ed Spl. Ed (ID)** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **20-07-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **B.Ed Spl. Ed (ID)** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer
Faculty of Special Education
ICFAI University Tripura

Admission Officer
ICFAI University Tripura.

Cash 20k

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN-799210, Tel: 0381- 2865752/62 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
B.Ed Spl. Ed (ID)
Application No
IUTEON-823-326

NIKITA SUTRADHAR

ROAD NO-8,
DHALESWAR,
West Tripura,
Tripura, PIN - 799007

02-08-2023

SUBJECT: OFFER FOR ADMISSION INTO B.Ed Spl. Ed (ID) PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **2 years B.Ed Spl. Ed (ID)** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **22-08-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **B.Ed Spl. Ed (ID)** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer
Faculty of Special Education
ICFAI University Tripura

Admissions Office
ICFAI University Tripura

The ICFAI University Tripura

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN–799210, ☎Tel: 0381- 2865752/62 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
Integrated BA-B.Ed Spl.Ed.
Application No
IUTE-823-0535

ELSON KAIPENG

-

21-08-2023

SUBJECT: OFFER FOR ADMISSION INTO Integrated BA-B.Ed Spl.Ed. PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **4 years Integrated BA-B.Ed Spl.Ed.** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **10-09-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **Integrated BA-B.Ed Spl.Ed.** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer
Faculty of Education
ICFAI University Tripura

Admissions Officer
Faculty of Education
ICFAI University Tripura

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The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalpur (near Agartala), PIN 799210 ☎ Tel: 0381-2865752/62 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
Integrated BA-B.Ed Spl.Ed.
Application No
IUTE-823-0554

SHYAMALI TRIPURA

-

29-08-2023

SUBJECT: OFFER FOR ADMISSION INTO Integrated BA-B.Ed Spl.Ed. PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and Interview**, we are happy to offer you **provisional admission** into **4 years Integrated BA-B.Ed Spl.Ed.** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **18-09-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **Integrated BA-B.Ed Spl.Ed.** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer
Faculty of Education
ICFAI University Tripura

Admission Officer
ICFAI University, Tripura

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RTK/ADC

The ICFAI University, Tripura

(Established under Section 3(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalpur (near Agartala) PIN- 799210 Tel: 0381- 2865752/62 Fax: 2865754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
Integrated BA-B.Ed Spl.Ed.
Application No
IUTE-823-0560

AWMTINMONI KAIPENG

21-08-2023

SUBJECT: OFFER FOR ADMISSION INTO Integrated BA-B.Ed Spl.Ed. PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and Interview,** we are happy to offer you provisional admission into **4 years Integrated BA-B.Ed Spl.Ed.** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program** fee for **Semester I** and **Caution deposit** (refundable) are to be paid by **10-09-2023**. The fee has to be paid by DD in favour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **Integrated BA-B.Ed Spl.Ed.** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer
Faculty of Education
ICFAI University Tripura

Admission Officer
ICFAI University, Tripura

In order to complete the admission process, ... paid by DD in favour of "THE

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START

The ICFAI University, Tripura

(Established under Section 6(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN-799210, ☎Tel: 0381- 2865752/62 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
Integrated BA-B.Ed Spl.Ed.
Application No
IUTE-823-0561

PINGKEL DEBBARMA

-

21-08-2023

SUBJECT: OFFER FOR ADMISSION INTO Integrated BA-B.Ed Spl.Ed. PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance** in the **Entrance Examination and interview**, we are happy to offer you **provisional admission** into **4 years Integrated BA-B.Ed Spl.Ed.** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **10-09-2023**. The fee has to be paid by DD in favour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **Integrated BA-B.Ed Spl.Ed.** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer
Faculty of Education
ICFAI University Tripura

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The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2664)
Campus address: Kamalghat (near Agartala), PIN-799210, ☎ Tel: 0381- 2865752/62 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
Integrated BA-B.Ed Spl.Ed.
Application No
IUTE-823-0565

AMHEI KAIPENG

21-08-2023

SUBJECT: OFFER FOR ADMISSION INTO Integrated BA-B.Ed Spl.Ed. PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **4 years Integrated BA-B.Ed Spl.Ed.** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **10-09-2023**. The fee has to be paid by DD in favour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **Integrated BA-B.Ed Spl.Ed.** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

21/08/23
Admissions Officer
Faculty of Education
ICFAI University Tripura

Admission Officer
ICFAI University Tripura

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ETPADC Sponsored

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN-799210, ☎Tel: 0381- 2865752/62 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
Integrated BA-B.Ed Spl.Ed.
Application No
IUTE-823-0566

JACOB KAIPENG

21-08-2023

SUBJECT: OFFER FOR ADMISSION INTO Integrated BA-B.Ed Spl.Ed. PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **4 years Integrated BA-B.Ed Spl.Ed.** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **10-09-2023**. The fee has to be paid by DD in favour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **Integrated BA-B.Ed Spl.Ed.** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

21/08/23

Admissions Officer
Faculty of Education
ICFAI University Tripura

Admission Officer
ICFAI University, Tripura

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The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN-799210, ☎ Tel: 0381-2865752/62 Fax: 2865764
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
Integrated BA-B.Ed Spl.Ed.
Application No
IUTE-823-0567

ABRAHAM DEBBARMA

-

21-08-2023

SUBJECT: OFFER FOR ADMISSION INTO Integrated BA-B.Ed Spl.Ed. PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **4 years Integrated BA-B.Ed Spl.Ed.** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **10-09-2023**. The fee has to be paid by DD in favour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **Integrated BA-B.Ed Spl.Ed.** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer
Faculty of Education
ICFAI University Tripura

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TTAADC

The ICFAI University, Tripura

(Established under Section 4(2) of The Institutes of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN–799210. Tel: 0381- 2870752/62 Fax: 2870-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
Integrated BA-B.Ed Spl.Ed.
Application No
IUTE-223-0568

AVEE DEBBARMA

21-08-2023

SUBJECT: OFFER FOR ADMISSION INTO Integrated BA-B.Ed Spl.Ed. PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your past academic records, Performance in the Entrance Examination and interview, we are happy to offer you provisional admission into 4 years Integrated BA-B.Ed Spl.Ed. program.

In order to complete the admission process, you have to pay the admission fee immediately after receiving the offer letter. Program fee for Semester I and Caution deposit (refundable) are to be paid by 10-09-2023. The fee has to be paid by DD in favour of "THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C" payable at Agartala and sent to UNIVERSITY address mentioned in the Prospectus. Fee also can be paid through Debit/Credit card OR Online mode.

Registration and Orientation: All the candidates admitted to Integrated BA-B.Ed Spl.Ed. program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer
Faculty of Education
ICFAI University Tripura

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The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN–799210, Tel: 0381- 2865752/62 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
Integrated BA-B.Ed Spl.Ed.
Application No
IUTE-823-0569

KWTHAR DEBBARMA

-

21-08-2023

SUBJECT: OFFER FOR ADMISSION INTO Integrated BA-B.Ed Spl.Ed. PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview,** we are happy to offer you **provisional admission** into **4 years Integrated BA-B.Ed Spl.Ed.** program.

In order to **complete** the admission process, you have to pay the admission fee **immediately** after receiving the offer letter. **Program fee for Semester I** and **Caution deposit** (refundable) are to be paid by **10-09-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at Agartala and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR Online mode.**

Registration and Orientation: All the candidates admitted to **Integrated BA-B.Ed Spl.Ed.** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer
Faculty of Education
ICFAI University Tripura

Admissions Officer
ICFAI University Tripura

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The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN- 799210, ☎Tel: 0381- 2606752/02 Fax: 2605-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
Integrated BA-B.Ed Spl.Ed.
Application No
IUTE-823-0570

JOHNSON DEBBARMA

-

21-08-2023

SUBJECT: OFFER FOR ADMISSION INTO Integrated BA-B.Ed Spl.Ed. PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **4 years Integrated BA-B.Ed Spl.Ed.** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **10-09-2023**. The fee has to be paid by DD in favour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **Integrated BA-B.Ed Spl.Ed.** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer
Faculty of Education
ICFAI University Tripura

The ICFAI University TRIPURA

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The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN–799210, Tel: 0381- 2865752/62 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
Integrated BA-B.Ed Spl.Ed.
Application No
IUTE-823-0571

ESTHARI KAIPENG

-

21-08-2023

SUBJECT: OFFER FOR ADMISSION INTO Integrated BA-B.Ed Spl.Ed. PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **4 years Integrated BA-B.Ed Spl.Ed.** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **10-09-2023.** The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **Integrated BA-B.Ed Spl.Ed.** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer
Faculty of Education
ICFAI University Tripura

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TTAADC

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN-799210, ☎ Tel. 0381- 2605702/02 Fax: 2605-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
Integrated BA-B.Ed Spl.Ed.
Application No
IUTE-823-0573

NIPO DEBBARMA

22-08-2023

SUBJECT: OFFER FOR ADMISSION INTO Integrated BA-B.Ed Spl.Ed. PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **4 years Integrated BA-B.Ed Spl.Ed.** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **11-09-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **Integrated BA-B.Ed Spl.Ed.** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer
Faculty of Education
ICFAI University, Tripura

Admission Officer
The ICFAI University, Tripura

The ICFAI University TRIPURA

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The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN-799210, Tel: 0381 2805752/621 Fax: 2865 754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
Integrated BA-B.Ed Spl.Ed.
Application No
IUTE-823-0585

CHANDIKA REANG

-

04-09-2023

SUBJECT: OFFER FOR ADMISSION INTO Integrated BA-B.Ed Spl.Ed. PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview,** we are happy to offer you **provisional admission** into **4 years Integrated BA-B.Ed Spl.Ed.** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee for Semester I** and **Caution deposit** (refundable) are to be paid by **24-09-2023.** The fee has to be paid by DD in favour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **Integrated BA-B.Ed Spl.Ed.** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer
Faculty of Education
ICFAI University, Tripura

Admission Officer
ICFAI University, Tripura

The ICFAI University TRIPURA

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The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN-799210. Tel: 0381- 2865752/67 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
Integrated BA-B.Ed Spl.Ed.
Application No
IUTE-823-0589

TARUBALA DEBBARMA

-

04-09-2023

SUBJECT: OFFER FOR ADMISSION INTO Integrated BA-B.Ed Spl.Ed. PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **4 years Integrated BA-B.Ed Spl.Ed.** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **24-09-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **Integrated BA-B.Ed Spl.Ed.** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

4/04/23

Admissions Officer
Faculty of Education
ICFAI University Tripura

Admission Officer
ICFAI University, Tripura

The ICFAI University Tripura

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The ICFAI University, Tripura

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Selection Notified
Integrated BA-B.Ed Spl.Ed.
Application No
UTE-223-197

TINA DEBBARMA

06-09-2023

SUBJECT: OFFER FOR ADMISSION INTO Integrated BA-B.Ed Spl.Ed. PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **4 years Integrated BA-B.Ed** Spl.Ed. program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **06-09-2023**. The fee has to be paid by DD in favour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **Integrated BA-B.Ed Spl.Ed.** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer
Faculty of Education
ICFAI University Tripura

Admissions Officer
The ICFAI University Tripura

The ICFAI University TRIPURA

Scanned with OKEN Scanner

Transfer

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2006)
Campus address: Kamalghat (near Agartala), PIN-799210, Tel: 0381-2866/152062 Fax: 2866-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
Integrated BA-B.Ed Spl.Ed.
Application No
IUTE-323-0502

PIJUSH KALAI

-

08-09-2023

SUBJECT: OFFER FOR ADMISSION INTO Integrated BA-B.Ed Spl.Ed. PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **4 years Integrated BA-B.Ed Spl.Ed.** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **28-09-2023**. The fee has to be paid by DD in favour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **Integrated BA-B.Ed Spl.Ed.** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer
Faculty of Education
ICFAI University Tripura

Scanned with OKEN Scanner

The ICFAI University, Tripura

(Established under Section 4(3) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala) PIN -799210 Tel: 0381-2865752/821 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
Integrated BA-B.Ed Spl Ed.
Application No
IUTE-823-0194

ANANYA CHAKRABORTY

10-05-2023

SUBJECT: OFFER FOR ADMISSION INTO Integrated BA-B.Ed Spl.Ed. PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your past academic records, Performance in the Entrance Examination and interview, we are happy to offer you provisional admission into 4 years Integrated BA-B.Ed Spl.Ed. program.

In order to complete the admission process, you have to pay the admission fee immediately after receiving the offer letter. Program fee for Semester I and Caution deposit (refundable) are to be paid by 30-05-2023. The fee has to be paid by DD in favour of "THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C" payable at Agartala and sent to UNIVERSITY address mentioned in the Prospectus. Fee also can be paid through Debit/Credit card OR Online mode.

Registration and Orientation: All the candidates admitted to Integrated BA-B.Ed Spl.Ed. program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

15/5/2023
Admissions Officer
Faculty of Education
ICFAI University Tripura

Admission Officer
ICFAI University, Tripura.

Note: - Provisional admission into 4 years BA- B.ED Spl Ed Regular program given in condition that the candidate will fulfill the required admission criteria as per the University norms and will submit his/her mark sheet within 15 days of declaration of results. Failing to which his admission will stand cancelled immediately.

10/5/2023
Admissions Officer
ICFAI University, Tripura

Admission Officer
ICFAI University, Tripura.

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The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN–799210, Tel: 0381- 2865752/62 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
Integrated BA-B.Ed Spl.Ed.
Application No
IUTE-823-0366

HRITNEY DEBBARMA

-

13-06-2023

SUBJECT: OFFER FOR ADMISSION INTO Integrated BA-B.Ed Spl.Ed. PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview,** we are happy to offer you **provisional admission** into **4 years Integrated BA-B.Ed Spl.Ed.** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **03-07-2023**. The fee has to be paid by DD in favour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **Integrated BA-B.Ed Spl.Ed.** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

13/06/23
Admissions Officer
Faculty of Education
ICFAI University Tripura

Admission Officer
ICFAI University, Tripura.

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The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN -799210. ☎ Tel: 0381 2865752/621 Fax: 2865754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
Integrated BA-B.Ed Spl.Ed.
Application No
IUTE-823-0379

ANUJOY BHOWMIK

16-07-2023

SUBJECT: OFFER FOR ADMISSION INTO Integrated BA-B.Ed Spl.Ed. PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview,** we are happy to offer you **provisional admission** into **4 years Integrated BA-B.Ed Spl.Ed.** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by **05-08-2023**. The fee has to be paid by DD in fovour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **Integrated BA-B.Ed Spl.Ed.** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer
Faculty of Education
ICFAI University Tripura

Admission Officer
The ICFAI University Tripura.

Scanned with OKEN Scanner

The ICFAI University, Tripura

Website: www.iutripura.edu.in

Selection Notified
Integrated BA-B.Ed Spl.Ed.
Application No
IUTE-823-0542

NAYAN DEBNATH

-

02-07-2023

SUBJECT: OFFER FOR ADMISSION INTO Integrated BA-B.Ed Spl.Ed. PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your past academic records, Performance in the Entrance Examination and interview, we are happy to offer you provisional admission into 4 years Integrated BA-B.Ed Spl.Ed. program.

In order to complete the admission process, you have to pay the admission fee immediately after receiving the offer letter. Program fee for Semester I and Caution deposit (refundable) are to be paid by 22-07-2023. The fee has to be paid by DD in favour of "THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C" payable at Agartala and sent to UNIVERSITY address mentioned in the Prospectus. Fee also can be paid through Debit/Credit card OR Online mode.

Registration and Orientation: All the candidates admitted to Integrated BA-B.Ed Spl.Ed. program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer
Faculty of Education
ICFAI University Tripura

Scanned with OKEN Scanner

The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN–799210, ☎ Tel: 0381 2865752/62 Fax: 2865754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

Selection Notified
Integrated BA-B.Ed Spl.Ed.
Application No
IUTE-823-0464

RAJDEEP DEY

28-09-2023

SUBJECT: OFFER FOR ADMISSION INTO Integrated BA-B.Ed Spl.Ed. PROGRAM 2023-24

Dear Candidate,

Congratulations!

Based on your **past academic records, Performance in the Entrance Examination and interview**, we are happy to offer you **provisional admission** into **4 years Integrated BA-B.Ed Spl.Ed.** program.

In order to **complete** the admission process, you have to pay the admission fee immediately after receiving the offer letter. **Program fee** for **Semester I** and **Caution deposit** (refundable) are to be paid by ~~18-10-2023~~ 03-09-23. The fee has to be paid by DD in favour of **"THE ICFAI UNIVERSITY, TRIPURA - FEE COLLECTION A/C"** payable at **Agartala** and sent to **UNIVERSITY address** mentioned in the Prospectus. Fee also can be paid through Debit/Credit card **OR** Online mode.

Registration and Orientation: All the candidates admitted to **Integrated BA-B.Ed Spl.Ed.** program have to register in the prescribed set of courses of the first semester between 01.08.2023 to 03.08.2023. Orientation program will start from 06.08.2023

Wishing you all the best!

Admissions Officer (I/C)
Faculty of Education
ICFAI University Tripura

Rajdeep Dey.

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Santanu Sarkar. BIS
IUT CAMPUS
The ICFAI University Tripura.

ICFAI® UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.
Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0368

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed ☐ M.Ed Spl Ed(ID) ☑ MA (Education)
☐ B.Ed ☐ B.Ed Spl Ed (ID) ☐ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl Ed (ID) ☐ D.PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./~~Mrs.~~ BIPUL DEBNATH

Gender : ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 22/06/2002 Blood Group AB+ Mobile 9366166705

E-mail bipuldebnath bipuldebnath4995@gmail.com

Parent's Name Mr./~~Mrs.~~ RAMDHAN DEBNATH

Tel (Res) _____ (Mobile) 9366166705 Nationality INDIAN

Present Address VILL- BRAHMAN PUSKARINI P.O- KAMAL GHAT P.S- LEFUNGA DIST- WEST TRIPURA AGARTALA TRIPURA 799210

Permanent Address VILL-BRAHMAN PUSKARINI P.O- KAMALGHAT DIST- WEST TRIPURA P.S- LEFUNGA AGARTALA TRIPURA 799210

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	KAMALGHAT HS SCHOOL	AGARTALA	T.B.S.E		2018	40.4	BENG, ENG, MATH, SCIN, SST
I	KAMALGHAT HS SCHOOL	AGARTALA	TBSE	ARTS	2020	57.4	ENG, BEN, EDCN, HIST, POLS
Graduation	SIMNA COLLEGE	AGARTALA	TRIPURA UNIVERSITY	ARTS	2023		POLSC, EDCN, PHED
Postgraduation							
Diploma							
Others							

*Indicate state Board / CBSE/University etc.; # applicable for B.Ed, B.Ed Spl Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheets / grade sheets of all examinations may lead to rejection of application form.

The ICFAI University TRIPURA

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CAMPUS (823)
ICFAI University Tripura.

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.
Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0529

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)
☐ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed.(ID) ☐ D.PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. ZEMI REANG

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 31/07/2002 Blood Group A+ Mobile 9366125810

E-mail zemireang25222@gmail.com

Parent's Name Mr./Ms. BALARAM REANG

Tel (Res) _____ (Mobile) 8787519451 Nationality INDIAN

Present Address ARAI MILE PARA JAGANNATHPUR
P.O-L.C.PARA, P.S-AMBASSA
AMBASSA TRIPURA 799289

Permanent Address —DO—

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	CPH/S School	Ambassa	TBSE	—	2018	46.2%	5 Sub.
I	CPH/S School	Ambassa	TBSE	Arts	2020	46 %	5 Sub.
Graduation@	Women's College	Agartala	TU	BA	2023	5.08 (CGPA)	(5th Sem)
Postgraduation							
Diploma							
Others							

*Indicate state Board / CBSE/University etc.; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheets / add sheets / all examinations may lead to rejection of application form.

The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number

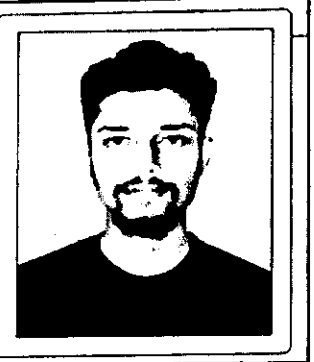
IUTE823- 0586

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed. ☐ M.Ed. Spl Ed(ID) ☑ MA (Education)

☐ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed.(ID) ☐ D.PEd ☐ MPES

OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



SHAYAN SAHA

er : ☑ Male ☐ Female ☐ Transgender

ıer You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ☑ Others [Please Tick any one(√)]

ONAL DETAILS (Use Capitals only)

of Birth _____ Blood Group A+ Mobile 7641017063

SAHASHAYAN220@GMAIL.COM

ıt's Name Mr./Ms. LT. SANJOY SAHA

es) _____ (Mobile) 9366112848. Nationality INDIAN.

ınt Address NEAR B.O.C SOUTH DHALESWAR. WEST TRIPURA. PIN- 799004.

anent Address NEAR B.O.C SOUTH DHALESWAR. WEST TRIPURA. PIN- 799004.

DEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	K.K.S.M H/S school	Agartala	TBSE	Arts	2018	44.2%	
	K.K.S.M H/S school	Agartala	TBSE	Arts	2020	54.2%	
uation@	B.B.M.C collage	Agartala	M.B.B	Arts	2023	5.5	
ıraduation							
ma							
's							

ICFAI UNIVERSITY TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.
Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- **0598**

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed. ☐ M.Ed Spl Ed(ID) ☑ MA (Education)
☐ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed (ID) ☐ D.PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. SUKANTA TRIPURA

Gender : ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 08/12/1998 Blood Group B+ Mobile 8414961160

E-mail SUKANTAAB@gmail.com sukantripuraas@gmail.com

Parent's Name Mr./Ms. NAYANJOY TRIPURA

Tel (Res) _____ (Mobile) 9862802333 Nationality Indian

Present Address VILL:-KATHALCHARI
P.O:-SINDUKPATHAR P.S:-MANU BAZAR
PIN:-799143 DIST:-SOUTH TRIPURA

Permanent Address VILL:-KATHALCHARI
P.O:-SINDUKPATHAR P.S:-MANU BAZAR
PIN:-799143 DIST:-SOUTH TRIPURA

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	St James High School	Udaipur	TBSE	10 Arts	2015	61.16%	7
II	Dhanpur Girls School	Manu Bazar	CBSE	Arts	2020	65.33	7
Graduation@	U.C.C	Shillong	NEHU	Arts	2023	42.88	8
Postgraduation							
Diploma							
Others							

*Indicate state Board / CBSE/University etc.; @ applicable for B.Ed, B Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheets/ grade sheets

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number

IUTE823- 0574

Please Tick (✓) the program you wish to enroll:

[ ] M.Phil in Clinical Psychology [ ] M.Ed [ ] M.Ed Spl Ed(ID) [✓] MA (Education)

[ ] B.Ed [ ] B.Ed Spl. Ed (ID) [ ] B.P.Ed [ ] B.P.E.S [ ] B.P.E.S (Lateral Entry) [ ] D.Ed Spl Ed (ID) [ ] D.P.Ed [ ] MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. ADITI PAUL

Gender : [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [ ] OBC [ ] Minority [✓] Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 09/03/2001 Blood Group O+ Mobile 6909988695

E-mail PAULADITI0808@GMAIL.COM

Parent's Name Mr./Ms. BISHNU PAUL

Tel (Res) _____ (Mobile) 8731868569 Nationality INDIAN

Present Address SATCHAND SOUTH TRIPURA

SABROOM SOUTH TRIPURA 799143

Permanent Address SATCHAND SOUTH TRIPURA

SABROOM SOUTH TRIPURA 799143

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Satchand H.S School	Satchand	TBSE	Arts	2018	5[illegible]	
XII	Satchand H.S School	Satchand	TBSE	Arts	2020	5[illegible]	
Graduation@	MMDC	Sabroom	T. University	Arts	2023		
Postgraduation							
Diploma							
Others							

* Indicate state Board / CBSE/University etc.; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates non-submission of all examinations may lead to rejection of

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number

IUTE823- 0323

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☑ M.Ed. ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)

☐ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.P.Ed ☐ B.P.ES ☐ B.P.ES (Lateral Entry) ☐ D.Ed Spl.Ed.(ID) ☐ D.P.Ed ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. KIRAN RAJE SINHA

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 03/09/1996 (D D / M M / Y Y Y Y) Blood Group A+ Mobile 8787683233

E-mail kiransinha71246@gmail.com

Parent's Name Mr./Ms. KALYAN SINHA

Tel (Res) _____ (Mobile) 8974854816 Nationality INDIAN

Present Address KHEJURBAGAN, NEAR GINGER HOTEL GREENVALLEY, AGARTALA WEST TRIPURA AGARTALA TRIPURA 799006

Permanent Address KAILASHAHAR UNAKOTI, PO-BHAGABANNAGAR KAILASHAHAR TRIPURA 799277

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	Holy Cross High.S	Tripura	TBSE		2013	44.[illegible]	
II	Holy Cross H.S School	Tripura	TBSE	Arts	2015	45.[illegible]	
raduation@	Holy Cross College	Tripura	T.U	Arts	2018	4.5[illegible]	
ostgraduation	Icfai University	Tripura	IUT	MA (English)	2021	[illegible]	
iploma							
thers	Icfai University	Tripura	[illegible]				

*dicate state Board / CBSE/University etc. for all examinations

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number

IUTE823- 0339

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☑ M.Ed. ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)
☐ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.P.Ed ☐ B.P.E.S ☐ B.P.E.S (Lateral Entry) ☐ D.Ed Spl.Ed.(ID) ☐ D.P.Ed ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. ✓ SAKIN DEBBARMA

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 18/01/1995 Blood Group A B+ Mobile 9366963843

E-mail sakindebbarma.sd@gmail.com

Parent's Name Mr./Ms. SAHENDRA DEBBARMA

Tel (Res) _____ (Mobile) 9366963843 Nationality INDIAN

Present Address NILLMANI PARA CHAMPAHOUR KHOWAI TRIPURA PO- CHAMPAHOUR PS- CHAMPAHOUR KHOWAI, AC TRIPURA 799201

Permanent Address VILL+PO+PS- NILL MANI PARA CHAMPAHOUR KHOWAI TRIPURA TRIPURA 799201

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	K.G.G.C.S	Khowai	TBSE		2012	34%	
XII	K.G.G.C.S	Khowai	TBSE		2015	50.2%	
Graduation@	Women's College	Agartala	TU	Education	2018	49.8%	
Postgraduation	ICFAI University	Agartala	ICFAI University	Education	2020	83.2%	
Diploma							
Others (B.Ed)	ICFAI University	Agartala	ICFAI University		2022	81.8%	

*Indicate state Board / CBSE/University etc.; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheets/ grade sheets all examinations may lead to rejection of application form.

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number

IUTE823- 0341

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☑ M.Ed. ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)
☐ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed.(ID) ☐ D.PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. TAMAL SARKAR

Gender : ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ☑ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 15/02/1988 Blood Group O(-)ve Mobile 8787319078

E-mail sarkar.tamal17@gmail.com

Parent's Name Mr./Ms. TULSIDAS SARKAR

Tel (Res) _____ (Mobile) 9774154684 Nationality Indian

Present Address HOUSE NO. 03 AUROBINDO LANE
AUROBINDO WELFARE SOCIETY CNARKNASANGA
AGARTALA TRIPURA 799001

Permanent Address HOUSE NO. 03 AUROBINDO LANE
AUROBINDO WELFARE SOCIETY CNARKHASANGA
AGARTALA TRIPURA 799001

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	BTVM	AGARTALA	CBSE	–	2004	47%	
	BTVM	AGARTALA	CBSE	Arts	2007	58.4%	
Graduation@	Spicer College	PUNE	PUNE UNI	B.A.	2015	50 %	
Postgraduation	ICFAI University	AGARTALA	ICFAI	M.A.	2021	8.60	
Diploma							
Others	ICFAI University	AGARTALA	ICFAI	B.Ed	2023	8.67	

*Indicate state Board / CBSE/University etc.; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates non-submission of mark sheets/ grade

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.
Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0343

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☑ M.Ed. ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)
☐ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed.(ID) ☐ D.PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. KHAKCHANGDI DEBBARMA

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 22/08/1995 Blood Group AB+ Mobile 7638923695

E-mail khakchangdidebbarma2@gmail.com

Parent's Name Mr./Ms. PADMA MALA DEBBARMA

Tel (Res) _____ (Mobile) 9612579270 Nationality INDIAN

Present Address JOYKRISHNA PARA KHUMULWNG
PS-RADHAPUR PO-BIRENDRANAGAR
AGARTALA TRIPURA 799045

Permanent Address JOYKRISHNA PARA KHUMULWNG
PS-RADHAPUR PO-BIRENDRANAGAR
AGARTALA TRIPURA 799045

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Khumpui Academy H/S School	Agartala	TBSC	Arts	2014	38	Engl, Pol. Sc, Bengali, etc
XII	Khumpui Academy H/S School	Agartala	TBSC	Arts	2016	45	Engl, Pol, Sc, Beng, etc
Graduation@	Holy Cross college	Agartala	T.U	General, Arts	2019	4.94	Engl, Pol. Sc, etc
Postgraduation	ICFAI university	Agartala	ICFAI	English	2021	7.10	English
Diploma							
Others	ICFAI University	Agartala	ICFAI	B.ED	2023	8.93	Eng. Sc. T. PS

*Indicate state Board / CBSE/University etc.; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheets/ grade sheets all examinations may lead to rejection of application form.

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number

IUTE823- 0381

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☑ M.Ed. ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)
☐ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.P.Ed ☐ B.P.Ed ☐ B.P.E.S ☐ B.P.E.S (Lateral Entry) ☐ D.Ed Spl.Ed.(ID) ☐ D.P.Ed ☐ M.P.E.S

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. LIONE EKHE

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 05/01/1996 Blood Group A+ Mobile 7629014283

E-mail ashulilione@gmail.com

Parent's Name Mr./Ms. H. ASHULI

Tel (Res) _____ (Mobile) _____ Nationality INDIAN

Present Address B-77 ONGC SOUTH COLONY (BADHARGHAT) (AGARTALA) (TRIPURA) AGARTALA TRIPURA 799014

Permanent Address CHUMUKEDIMA, WARD-5, House No-1311, DIMAPUR, NAGALAND, 797103

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	UNITY CHRISTIAN HR.SEC SCHOOL	DIMAPUR	NBSE*	ARTS	2012	66.83%	
XII	ST. PAUL HR.SEC SCHOOL	DIMAPUR	NBSE	ARTS	2014	66.2%	
Graduation@	PATKAI COLLEGE	SEICHEKIMA	NAGALAND UNIVERSITY	ARTS (HISTORY)	2017	69.4%	
Postgraduation	MUMBAI UNIVERSITY	MUMBAI	MUMBAI UNIVERSITY	ARTS (HISTORY)	2019	8.34 (CGPA)	
Diploma							
Others	B.ED NAGALAND UNIVERSITY	CHUMUKEDIMA	NAGALAND UNIVERSITY	TEACHER EDUCATION	2022	7.32 (CGPA)	

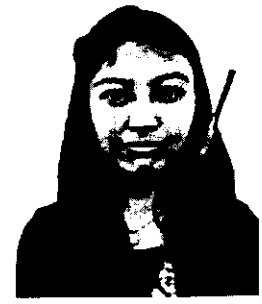
*Indicate state Board / CBSE/University etc. @ applicable for B.Ed, B.Ed Spl. Ed (ID)

ICFAI UNIVERSITY TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8415952506, Fax 0381-2865752/62

Application form

EDUCATION PROGRAMS



rses offered:

1

PERSONAL DETAILS

ission Number: IUTEON-823-276
ent Name: KHNASRANGTI REANG
ɔer the 10+2 Certificate)
er Name: DOHORAM REANG
Mother Name: TATIRUNG REANG
of Birth: 23/10/1997
Blood Group: A+
tification Marks:
ɔer the SSC Certificate)
MOLE IN THE CHIN

ital Status: Unmarried
Mother Tongue: KAUBRU
/ X H.T.No: 5721548
onality: Indian
har Card No: 676002477073
Native Place & State: TRIPURA
ent Mobile: 8974387623
Student E-mail: khnasrangmaloh@gmail.com
ıer Mobile: 9862892389
Mother Mobile: 9612589279
der: Female
ımunity: ST
ation: IUT Campus

COMMUNICATION DETAILS

manent Address

ıntry: India	**State:** Tripura	**District:** North Tripura

ICFAI UNIVERSITY TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8415952506, Fax 0381-2865752/62

ERSONAL INFORMATION

Courses offered	:	M.Ed
Admission Number	:	IUTEON-823-291
Student Name: (As per the 10+2 Certificate)	:	PRASONJOY HALAM
Father Name	:	RASIA HALAM
Mother Name	:	RABINING HALAM
Date of Birth	:	02/04/1997
Identification Marks (As per the SSC Certificate)		
1.	:	-
2.	:	-
Nationality	:	Indian
Aadhar Card No	:	996587702671
Native Place & State	:	-
Student Mobile	:	9366132872
Student E-mail	:	halamprasonjoy@gmail.com
Father Mobile	:	8837092634
Mother Mobile	:	-
Gender	:	Male
Community	:	ST

CONTACT INFORMATION

Permanent Address		
Country	:	India
State	:	Tripura
District	:	Dhalai
H.No	:	-
Locality	:	halahali
Village/City	:	kanailal halam para
Pincode	:	799286
Tel: (R)	:	-
(O)	:	-

The ICFAI University

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number

IUTE823- 0182

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)

☑ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed.(ID) ☐ D.PEd ☐ MPES

OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

PRIYANKA IDEY

er : ☐ Male ☑ Female ☐ Transgender

ber You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ☑ Others [Please Tick any one(√)]

SONAL DETAILS (Use Capitals only)

of Birth 20/09/1999 Blood Group O+ Mobile 7162918301941

ail priyankaidey20091999@gmail.com

ent's Name Mr./Ms. DULAL DEY

Res) _____ (Mobile) 9436519194 Nationality Indian

sent Address BARJALA AGARTALA TRIPURA

AGARTALA TRIPURA 799002

ermanent Address BARJALA AGARTALA TRIPURA

AGARTALA TRIPURA 799002

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	St. Arnold School	Ambassa	TBSE		2016	63.14%	All
XII	Auxilium Girl's School	Agartala	CBSE	Science	2018	61.2%	Phy, Chem, Bio, Math
Graduation@	Women's College	Agartala	Tripura Uni.	Physiology (H)	2021	72.9%	Phy, Chem, Bot, Elec.
Postgraduation							
Diploma							
Others							

* Indicate state Board / CBSE/University etc.; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheet[illegible] of all examinations may lead to rejection of application form.

The ICFAI University Tripura

ICFAI® UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number

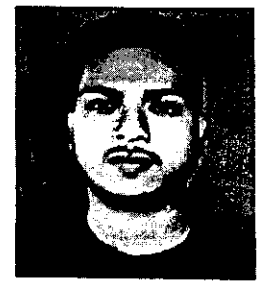
IUTE823- 0183

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed. ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)

☑ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed (ID) ☐ D.PEd ☐ MPES

OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



s. MD AKASH MIAH

er : ☑ Male ☐ Female ☐ Transgender

her You belong to ☐ SC ☐ ST ☐ OBC ☑ Minority ☐ Others [Please Tick any one(√)]

SONAL DETAILS (Use Capitals only)

of Birth 07/12/2000 Blood Group ____ Mobile 7005113856

ail akashmiah75935@gmail.com

nt's Name Mr./Ms. MD MAJNU MIAH

Res) _____ (Mobile) 9366204708 Nationality Indian

ent Address RAJDHARNAGAR

AIPUR TRIPURA 799116

nanent Address DO

ADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	Ramesh H.S. School	Udaipur	TBSE		2016	66.7%	All
	K.B. Institution	Udaipur	TBSE	Science	2018	65.6%	Bio Phy Che Eng
duation@	N.S.M	Udaipur	T.U	Physiology(H)	2021	65.8%	
graduation							
oma							
ers							

*State state Board / CBSE/University etc.; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheets/grade sheets examinations may lead to rejection of application form.

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.
Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0184

Please Tick (✓) the program you wish to enroll

[ ] M.Phil in Clinical Psychology [ ] M.Ed [ ] M.Ed Spl Ed(ID) [ ] MA (Education)
[ ] B.Ed [ ] B.Ed Spl Ed (ID) [ ] B.PEd [ ] B.P.E.S [ ] B.P.E.S (Lateral Entry) [ ] D.Ed Spl Ed (ID) [ ] D.PEd [ ] MPES

ME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Ms SHILPI DAS

nder [ ] Male [✓] Female [ ] Transgender

ether You belong to [✓] SC [ ] ST [ ] OBC [ ] Minority [ ] Others [Please Tick any one(..)]

ERSONAL DETAILS (Use Capitals only)

ate of Birth 06061991 Blood Group O+ Mobile 9089616421

-mail SHILPIDAS@gmail.com

arent's Name Mr/s PRIMALA DAS

e Res: _____ (Mobile) 9089616421 Nationality Indian.

Present Address DHALESWAR ROAD NO-13 PO DHALESWA
R. P.S. EAST AGARTALA. TRIPURA (W)
AGARTALA 799007

Permanent Address DHALESWAR ROAD NO-13 P.O. DHALESW
AR P.S. EAST AGARTALA TRIPURA (W)
AGARTALA TRIPURA 799007

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Kamalghat HSS	Agartala	TBSE		2014	37.14%	
XII	Swami Dayalandashram	Agartala	TBSE	Arts	2016	53.61	
Graduation	M.B.B College	Agartala	T.U.	Arch. (H)	2019		
Postgraduation	T.U.	Agartala	T.U	EDCN	202		
Diploma							
Others							

*Indicate state Board / CBSE/University etc.; e applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheets/ grade shee all examinations may lead to rejection of application form.

The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

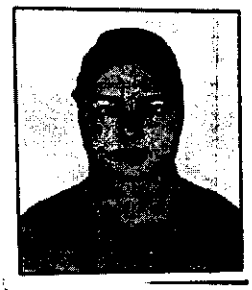
Application Number
IUTE823- 0185

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M Ed ☐ M Ed Spl Ed(ID) ☐ MA (Education)
☑ B Ed ☐ B Ed Spl Ed (ID) ☐ B PEd ☐ B PES ☐ B PES (Lateral Entry) ☐ D Ed Spl Ed (ID) ☐ D PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. SAHELI DAS



Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☑ SC ☐ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 25061999 Blood Group B+ Mobile 9366094276

E-mail saheliroon1@gmail.com

Parent's Name Mr./Ms. SUJIT DAS

Tel (Res) _____ (Mobile) 9436930410 Nationality INDIAN

Present Address RAMNAGAR-8 END, GANGAIL ROAD

AGARTALA TRIPURA 799002

Permanent Address DO

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	NSV	AGARTALA	TBSE		2016	48.28%	ALL
XII	NSV	AGARTALA	TBSE	Arts	2018	59.6%	EDN, POLS HIST
Graduation	Womens College	AGARTALA	TU	Arts	2021	64.8%	Bengali (H)
Postgraduation							
Diploma							
Others							

* Indicate state Board / CBSE/University etc., as applicable for B.Ed, B Ed Spl. Ed (ID) and D Ed Spl. Ed (ID) candidates. non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.
Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0210

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed. ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)
☑ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.P.Ed ☐ B.P.ES ☐ B.P.ES (Lateral Entry) ☐ D.Ed Spl.Ed.(ID) ☐ D.P.Ed ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. SALIA DEBBARMA

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 04/11/2002 (D D / M M / Y Y Y Y) Blood Group ___ Mobile 8787563614

Email debbarmasalia013@gmail.com

Parent's Name Mr./Ms. RAJESH DEBBARMA

(Res) _____ (Mobile) 7629040911 Nationality INDIAN

Present Address VILL-MADHU CHOWDHURY PARA
MADHU CHOWDHURY PARA (DISTWEST TRIPURA)
AGARTALA TRIPURA 799121

Permanent Address MADHU CHOWDHURY PARA
MADHU CHOWDHURY PARA
AGARTALA TRIPURA 799121

ACADEMIC RECORD: SCHOOL / COLLEGE

	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	Assam Rifles public School	Agartala	CBSE		2018	48.6%	
	Assam Rifles Public Sch	Agartala	CBSE	ARTS	2020	64.6%	
@	ICFAI University	Agartala	ICFAI	ARTS	2023		
ion							

*Board / CBSE/University etc.; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheets or incomplete sets of mark sheets ions may lead to rejection of application form.

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.
Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0227

Please Tick (✓) the program you wish to enroll

☐ M.Phil in Clinical Psychology ☐ M.Ed ☐ M.Ed Spl Ed(ID) ☐ MA (Education)
☑ B.Ed ☐ B.Ed Spl Ed (ID) ☐ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl Ed (ID) ☐ D.PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. NUBEL DEBBARMA

Gender: ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 02072001 Blood Group AB+ Mobile 7005799711

E-mail NUBELDEBBARMA4955@GMAIL.COM

Parent's Name Mr./Ms. CHITTA DEBBARMA

Tel (Res) _____ (Mobile) 9402388547 Nationality INDIAN

Present Address LATHABARI PURBA SINGICHERRA
KHOWAI
KHOWAI TRIPURA 799201

Permanent Address LATHABARI PURBA SINGICHERRA
P.O.- BACHAIBARI
KHOWAI TRIPURA 799201

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	SHHS	Khowai	TBSE		2018	55.9	5
	KGEMS	Khowai	TBSE	Arts	2020	91.9	5
uation@	ICFAI University Tripura	Agartala	ICFAI		2023		
raduation							
na							

* State Board / CBSE/University etc.; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheets/grade sheets ... application form.

ICFAI UNIVERSITY TRIPURA
ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8415952806, Fax 0381-2665752/43

UG - Complete
PG - persuing (4th)

Application form

EDUCATION PROGRAMS

offered:

PG

PERSONAL DETAILS

on Number: IUTEON-823-006
Name: DEBARUN PAUL
the 10+2 Certificate)
Name: DULAL CHANDRA PAUL
Birth: 13/02/1999
cation Marks:
the SSC Certificate)

Mother Name: MUNMUN PAUL
Blood Group: O+

l Status: Unmarried
; H.T.No: -
ality: Indian
Card No: 255634969690
t Mobile: 7085866228
Mobile: 9436503041
r: Male
unity: General
an: Agartala City Office

Mother Tongue: BENGALI

Native Place & State: AGARTALA , TRIPURA
Student E-mail: deburunpaul200@gmail.com
Mother Mobile: 7085866227

COMMUNICATION DETAILS

anent Address		
ry: India	State: Tripura	District: West Tripura
H No	Locality: RAMNAGAR,AGARTALA	Village/City: RAMNAGAR,AGARTALA
le: 799002	Tel: (R): 7085866228	(O) 7085866228
ss for Communication		
ry: India		
-	Locality: -	Village/City: -
le: -	Tel: (R): -	(O) -

ACADEMIC RECORD: SCHOOL / COLLEGE

	X	XII	Graduation	Postgraduation
of the l / e	HOLY CROSS SCHOOL	BHAVANS TRIPURA VIDYA MANDIR	HOLY CROSS COLLEGE	ASSAM DON BOSCO UNIVERSITY
Town / r	AGARTALA,TRIPURA	AGARTALA, TRIPURA	AGARTALA, TRIPURA	GUWAHATI,ASSAM
/ rsity	ICSE	CBSE	TRIPURA UNIVERSITY	ASSAM DON BOSCO UNIVERSITY
m of ctions	ENGLISH	ENGLISH	ENGLISH	ENGLISH
f g	2016	2018	2021	2023
gate % rks /	83.8	75.8	7.83	8.71

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.
Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0218

Please Tick (✓) the program you wish to enroll:

☐ M Phil in Clinical Psychology ☐ M Ed ☐ M Ed Spl Ed(ID) ☐ MA (Education)
[✓] B Ed ☐ B Ed Spl Ed (ID) ☐ B PEd ☐ B PES ☐ B PES (Lateral Entry) ☐ D Ed Spl Ed.(ID) ☐ D PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. PRIYA KALAI

Gender : ☐ Male [✓] Female ☐ Transgender

Whether You belong to ☐ SC [✓] ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 21/08/2001 Blood Group AB+ Mobile 6909954293

E-mail Priyakolai04@gmail.com

Parent's Name Mr./Ms. SURAJIT KALAI

Tel (Res) (Mobile) 9612407112 Nationality INDIAN

Present Address VILL-KALIKANTA PARA
P.O+P.S-JAMPUIJALA DIST-SEPAHIJALA
AGARTALA TRIPURA 799102

Permanent Address VILL-KALIKANTA PARA
P.O+P.S-JAMPUIJALA DIST-SEPAHIJALA
AGARTALA TRIPURA 799102

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board/University	Stream (Science/Arts/Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	Manifest H.S School	Agartala	CBSE		2018	50.2%	
	Manifest H.S School	Agartala	CBSE	ARTS	2020	62.8%	
Graduation	ICFAI University	Agartala	ICFAI		2023		
Postgraduation							
Diploma							
Others							

Give State Board / CBSE/University etc. (if applicable for B Ed, B Ed Spl Ed (ID) and D Ed Spl Ed (ID) candidates, non-submission of mark sheets/certificates may lead to rejection of application form)

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.
Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0322

Please Tick (✓) the program you wish to enroll:

☐ M Phil in Clinical Psychology ☐ M.Ed. ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)
☑ B.Ed ☐ B.Ed Spl Ed (ID) ☐ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed.(ID) ☐ D.PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. ✓ SARIYOUTJ REANG

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 01/01/1998 Blood Group B+ve Mobile 8132859251

E-mail reangsariyoutji@gmail.com

Parent's Name Mr./Ms. ✓ RABINDRA REANG

Tel (Res) _____ (Mobile) 9862623577 Nationality INDIAN

Present Address VILL- ULTACHERRA P.O- KARAMCHERRA P.S- MANU DIST- DHALAI TRIPURA PIN- 799266

Permanent Address VILL- ULTACHERRA P.O- KARAMCHERRA P.S- MANU DIST- DHALAI TRIPURA UNDER LONGTHARAI VALLEY PIN- 799266

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	SAINT ARNOLD'S AMBASSA	AMBASSA	TBSE	ARTS	2015	43.71	
XII	HOLY CROSS KATHALCHERRA	NEPALTILLA	TBSE	ARTS	2017	59.2	
Graduation	HOLY CROSS COLLEGE	AGARTALA	TU	ARTS	2020	55.2	
Postgraduation	TRIPURA UNIVERSITY	AGARTALA	TU	"	2022	72.6	
Diploma							
Others							

*Indicate State Board / CBSE/University etc. (applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheets/ grade sheets of examinations may lead to rejection of application form.

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number

IUTE823- 0182

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed. ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)

☑ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed.(ID) ☐ D.PEd ☐ MPES

OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

PRIYANKA DEY

er : ☐ Male ☑ Female ☐ Transgender

ner You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ☑ Others [Please Tick any one(√)]

SONAL DETAILS (Use Capitals only)

of Birth 20/09/1999 Blood Group O+ Mobile 7162918301941

ail priyankadey20091999@gmail.com

ent's Name Mr./Ms. DULAL DEY

Res) _____ (Mobile) 9436519149 Nationality Indian

sent Address BARJALA AGARTALA TRIPURA

AGARTALA TRIPURA 799002

ermanent Address BARJALA AGARTALA TRIPURA

AGARTALA TRIPURA 799002

CADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	St. Arnold School	Ambassa	TBSE		2016	63.14%	All
XII	Auxilium Girl's School	Agartala	CBSE	Science	2018	61.2%	Phy, Chem, Bio, Math
Graduation@	Women's College	Agartala	Tripura Uni.	Physiology (H)	2021	72.9%	Phy, Zoo, Bot, Elec.
Postgraduation							
Diploma							
Others							

*Indicate state Board / CBSE/University etc.; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form.

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number

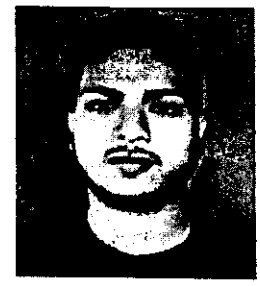
IUTE823- 0183

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed. ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)

☑ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed (ID) ☐ D.PEd ☐ MPES

OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



s. MD AKASH MIAH

er : ☑ Male ☐ Female ☐ Transgender

her You belong to ☐ SC ☐ ST ☐ OBC ☑ Minority ☐ Others [Please Tick any one(√)]

SONAL DETAILS (Use Capitals only)

of Birth 07/12/2000 Blood Group ____ Mobile 7005113856

akashmiah7593@gmail.com

nt's Name Mr./Ms. MD MAJNU MIAH

Res) _____ (Mobile) 9366204708 Nationality Indian

ent Address ROJDHARNAGAR

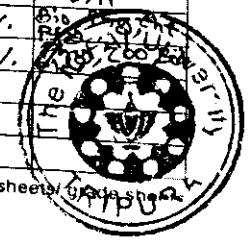
AIPUR TRIPURA 799116

nanent Address DO

ADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	Ramesh H.S. School	Udaipur	TBSE		2016	46.7%	All
duation@	K.B. Institution	Udaipur	TBSE	Science	2018	65.6%	Bio, Phy, Chem, Math, Eng, Hindi
graduation	N.S.M	Udaipur	T.U	Physiology(H)	2021	65.8%	Phy, Chem, Bio, Eng, Hindi
oma							
ers							

*ate state Board / CBSE/University etc ; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheets/ grade sheet examinations may lead to rejection of application form.



ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.
Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0186

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed ☐ M.Ed. Spl.Ed(ID) ☐ MA (Education)
☐ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed (ID) ☐ D.PEd ☐ MPES

ME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Ms. SOURAV PAUL

nder : ☑ Male ☐ Female ☐ Transgender

ether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ☑ Others [Please Tick any one(√)]

RSONAL DETAILS (Use Capitals only)

e of Birth 11/03/2001 Blood Group O+ Mobile 8413841851

nail SP088608@gmail.com

ent's Name Mr./Ms. Sujit Paul

(Res) _____ (Mobile) 7005362779 Nationality Indian

sent Address Kumarghat Unakoti Tripura

Kumarghat Tripura, 799264

manent Address Do

Do Do 799264

ADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	Fatikroy Class XII Sci	Kumarghat	TBSE		2017	65.28%	All
	Fatikroy Class XII Sci	Kumarghat	TBSE	Science	2019	62%	math, chem, P.E, Phy
duation e	Ambedkar city HK	Kumarghat	TTU	science	2022	66.6%	Physics(H)
graduation							
oma							
ers							

cate state Board / CBSE/University etc., e applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheets/grade sheets/ examinations may lead to rejection of application form.

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number

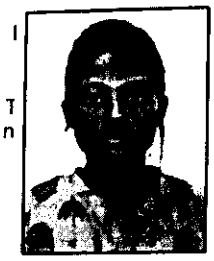
IUTE823- 0191

Please Tick (✓) the program you wish to enroll:

☐ M Phil in Clinical Psychology ☐ M.Ed. ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)

☑ B Ed ☐ B Ed Spl Ed (ID) ☐ B PEd ☐ B PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed (ID) ☐ D.PEd ☐ MPES

ME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



/Ms. NIPA SUTRADHAR

nder : ☐ Male ☑ Female ☐ Transgender

ether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

RSONAL DETAILS (Use Capitals only)

te of Birth 20/9/2001 Blood Group B+ Mobile 9436842350

nail sutradharnipa123@gmail.com

rent's Name Mr./Ms. NIPESH SUTRADHAR

(Res) _____ (Mobile) 9436318482 Nationality INDIAN

esent Address NOAGOAN KAMALPUR DHALAI TRIPURA

AMALPUR TRIPURA 799285

rmanent Address DO

ADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	K.C Girl's H/S	Kamalpur	T.B.S.E		2017	68%	
iduation@	DO RKMdg H/S	DO Kailashahar	TBSE	Science	2019	57%	
itgraduation			T. BSE	Bio Science	2022	71	
loma							
iers							

icate state Board / CBSE/University etc.; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheets/ [illegible] examinations may lead to rejection of application form.

The ICFAI University TRIPURA

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.
Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0193

Please Tick (✓) the program you wish to enroll:

[ ] M Phil in Clinical Psychology [ ] M Ed [ ] M Ed. Spl Ed(ID) [ ] MA (Education)
[✓] B Ed [ ] B Ed Spl. Ed (ID) [ ] B PEd [ ] B PES [ ] B PES (Lateral Entry) [ ] D Ed Spl Ed (ID) [ ] D PEd [ ] MPES

ME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Ms. PAPIYA LODH

nder : [ ] Male [✓] Female [ ] Transgender

ether You belong to [ ] SC [ ] ST [✓] OBC [ ] Minority [ ] Others [Please Tick any one(√)]

RSONAL DETAILS (Use Capitals only)

te of Birth 01032000 Blood Group ____ Mobile 8787803414

mail papiyalodh2012@gmail.com

rent's Name Mr./Ms. SURJA LAL LODH

l (Res) _____ (Mobile) 8787803414 Nationality Indian

esent Address VILL. NORTH CHARILAM, PO: CHARILAM
PS: BISHALGARH DIST: SEPAHIJALA
TRIPURA 799103

rmanent Address DO

CADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	C.H.S.S	Charilam	T.B.S.E	Arts	2016	54.8%	
XII	C.H.S.S	charilam	TBSE	Arts	2018	62.4	
Graduation@	R.T.C	Agartala	TU	Arts. His(H)	2021	6.69	
Postgraduation							
Diploma							
Others							

ndicate state Board / CBSE/University etc.; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sh[illegible]ts/ gr[illegible] all examinations may lead to rejection of application form.

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number

IUTE823- 0197

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed. ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)
☑ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed (ID) ☐ D.PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. ANKITA ACHARJEE

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ☑ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 07/01/2000 Blood Group A+ Mobile 9233416745

E-mail aanjanaachanrjee@gmail.com

Parent's Name Mr./Ms. PIJUSH KANTI ACHARJEE

Tel (Res) 9612222178 (Mobile) 9233416745 Nationality Indian

Present Address WEST PRATAPGHAR NEAR VIVEKANANDA SCHOOL

AGARTALA TRIPURA 799003

Permanent Address D.O

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Sankaracharjya Vidyapith	Agartala	TBSE		2016	53	
XII	Sankaracharjya Vidyapith	Agartala	TBSE	Arts	2018	62	Eng, Bng, EDC, Pols, His
Graduation@	Ram Thakur College	Agartala	TU	Bengali Honars	2021	67	Bengali Honars
Postgraduation							
Diploma							
Others							

* Indicate state Board / CBSE/University etc.; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates; non-submission of mark sheets/grade reports of all examinations may lead to rejection of application form

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number

IUTE823- 0207

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed. ☐ M.Ed Spl.Ed(ID) ☐ MA (Education)

☑ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed.(ID) ☐ D.PEd ☐ MPES

ME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Ms. MOUSUMI AKTER

nder : ☐ Male ☑ Female ☐ Transgender

ether You belong to ☐ SC ☐ ST ☐ OBC ☑ Minority ☐ Others [Please Tick any one(√)]

RSONAL DETAILS (Use Capitals only)

te of Birth 10/5/2002 Blood Group ____ Mobile 8787550272

mail MOUSUMIAKT2020@GMAIL.COM

rent's Name Mr./Ms. MD ABDUL JALIL

(Res) _____ (Mobile) 6009221685 Nationality INDIAN

esent Address VILL+PO: KALSHIMURA SONAMURA

SEPAHIJALA TRIPURA PIN: 799102

AGARTALA TRIPURA

manent Address VILL+PO: KALSHIMURA SONAMURA

SEPAHIJALA TRIPURA PIN: 799102

AGARTALA TRIPURA

CADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	Nagar High School	Boxanagar	TBSE		2018	66 %	
II	Vivekanand Shishu Nikatan	Bishalgarh	TBSE	Science	2020	66.4 %	
raduation@	ICFAI University Tripura	Agartala	University	Science	2024	7.21	
ostgraduation							
ploma							
thers							

dicate state Board / CBSE/University etc.; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheets/ grade sheets/ ail examinations may lead to rejection of application form.

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0209

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)

☑ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed.(ID) ☐ D.PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. AMBALIKA SAHA

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ☑ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 09/09/2001 (D D M M Y Y) Blood Group AB+ Mobile 9612131865

Email AMBALIKA.EDU@GMAIL.COM

Parent's Name Mr./Ms. JATAN CHANDRA SAHA

(Res) _____ (Mobile) 7692913252 Nationality INDIAN

Present Address BISHRAMGANJ PO+PS+VILL-BISHRAMGANJ SEPAHIJALA TRIPURA

GARIALA TRIPURA 799103

Permanent Address BISHRAMGANJ PO+PS+VILL-BISHRAMGANJ SEPAHIJALA TRIPURA

GARIALA TRIPURA 799103

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	Bishramganj H/s school	Bishramganj	T.B.S.E				
Graduation@	Bishramganj H/s school	"	T.B.S.E	Science	2018	62.4	
Postgraduation	ICFAI University	Agartala	IUT	Science	2020	66.2	
Diploma					2023		
Others							

*State state Board / CBSE/University etc.; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheet / grade sheets examinations may lead to rejection of application form.

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0213

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed ☐ M.Ed. Spl.Ed(ID) ☐ MA (Education)
☑ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed (ID) ☐ D.PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. AMISHA CHAKRABORTY

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ☑ Others [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 31/12/2001 Blood Group O+ Mobile 9366262714

E-mail AMISHACHA629@GMAIL.COM

Parent's Name Mr./Ms. TAPAN CHAKRABORTY

Tel (Res) _____ (Mobile) 8118915695 Nationality INDIAN

Present Address KANCHANBARI

KUMARGHAT TRIPURA 799258

Permanent Address KANCHANBARI

KUMARGHAT TRIPURA 799288

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	DSCMEM H.S School	Kumarghat	TBSE		2018	77%	
	DSCMEM H.S School	Kumarghat	TBSE	Science	2020	61.4%	
duation@	ICFAI University, Trip	Agartala	ICFAI	Science	2023	62.75%	
tgraduation							
oma							
ers							

ate state Board / CBSE/University etc ; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) card dates. non-submiss on of ... examinations may lead to rejection of application form.

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The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.
Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0214

Please Tick (✓) the program you wish to enroll:

[ ] M Phil in Clinical Psychology [ ] M Ed [ ] M Ed Spl Ed (ID) [ ] MA (Education)
[✓] B Ed [ ] B Ed Spl Ed (ID) [ ] B PEd [ ] B PES [ ] B PES (Lateral Entry) [ ] D Ed Spl Ed (ID) [ ] D PEd [ ] MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Ms. ENALISHA SINGHA

Gender : [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [✓] OBC [ ] Minority [ ] Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 02/02/2001 Blood Group O+ve Mobile 8974172934

Email enalisha123@gmail.com

Parent's Name Mr./Ms. KAMALA KANTA SINGHA

Tel (Res) _____ (Mobile) 7005276973 Nationality Indian

Present Address KUMARGHAT, UNAKOTI, TRIPURA

KUMARGHAT TRIPURA 799264

Permanent Address KUMARGHAT, UNAKOTI, TRIPURA

KUMARGHAT TRIPURA 799264

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	KGT. Girls H.S	Kumarghat	TBSE		2017	81.57	
	KGT. Girls H.S	Kumarghat	TBSE	Science	2019	71.6%	
Graduation@	DMR. Govt. Degree	Dharmanagar	TU.	Science	2022	71.6%	Botany
Postgraduation							
Diploma							
Others							

*Indicate state Board / CBSE/University etc.; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheet/grade sheets of all examinations may lead to rejection of application form.

ICFAI University TRIPURA

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Application Number
IUTE823- 0219

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)
☑ B.Ed ☐ B.Ed Spl Ed (ID) ☐ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed.(ID) ☐ D.PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. MANIDEEPA KAR

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 23/09/1997 Blood Group A(+) Mobile 8119031854

E-mail MANIDEEPAKAR31@GMAIL

Parent's Name Mr./Ms. CHANDAN KAR

Tel (Res) _____ (Mobile) 8119031854 Nationality HINDU

Present Address FATICKCHARRA PO FATICK CHARRA
PS LEFUNGA DIST WEST TRIPURA
AGARTALA TRIPURA 799210

Permanent Address VILL-FATICK CHARRA PS LEFUNGA
PO-FATICKCHARRA DIST WEST TRIPURA
AGARTALA TRIPURA 799210

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Fatick Charra High School	Mohanpur	Board		2014	39.28	
XII	Kamalghat H.S sch	Mohanpur	Board	ARTS	2016	47.6	
Graduation@	S.V.M Mohanpur	Mohanpur	University	ARTS	2019	5.96	Bengali(H)
Postgraduation	Tripura University	Agartala	University	ARTS	2022	7.11	Bengali
Diploma							
Others							

* indicate state Board / CBSE/University etc.; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form.

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Application Number

IUTE823- 0225

Please Tick (✓) the program you wish to enroll:

☐ M Phil in Clinical Psychology | ☐ M Ed | ☐ M Ed Spl Ed(ID) | ☐ MA (Education)

☑ B.Ed ☐ B.Ed Spl. Ed (ID) | ☐ B PEd | ☐ B PES | ☐ B PES (Lateral Entry) | ☐ D Ed Spl Ed (ID) | ☐ D PEd ☐ MPES

AME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

./Ms. KALPITA DEBNATH

der : ☐ Male ☑ Female ☐ Transgender

hether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

ERSONAL DETAILS (Use Capitals only)

te of Birth 09102001 Blood Group B(+) Mobile 7630837177

mail KALPITADEBNATH0114@gmail.com

rent's Name Mr./Ms. KAJAL DEBNATH

(Res) _____ (Mobile) 8787896055 Nationality Indian

esent Address P.O:-ONGC COLONY NIMBARK AGARTALA

WEST TRIPURA

AGARTALA TRIPURA 799014

rmanent Address P.O:-ONGC COLONY NIMBARK AGARTALA

WEST TRIPURA

AGARTALA TRIPURA 799014

ADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	Pranavananda Vidya Mandir	Agartala	CBSE		2018	77%	
	Modern HS School	Agartala	CBSE	Science	2020	73.6%	
duation@	ICFAI UNIVERSITY	AGARTALA		B.Sc Mathematics, 2023			
graduation							
oma							
ers							

ate state Board / CBSE/University etc.; @ applicable for B.Ed, B Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of ma

THE ICFAI UNIVERSITY TRIPURA

ICFAI UNIVERSITY

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Application Number

IUTE823- 0230

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology | ☐ M.Ed | ☐ M.Ed Spl Ed(ID) | ☐ MA (Education)

☑ B.Ed ☐ B.Ed Spl Ed (ID) | ☐ B.PEd | ☐ B.PES | ☐ B.PES (Lateral Entry) | ☐ D.Ed Spl Ed (ID) | ☐ D.PEd | ☐ MPES

AME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

./Ms. PRIYANKA DEBBARMA

ender : ☐ Male ☑ Female ☐ Transgender

ether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

ERSONAL DETAILS (Use Capitals only)

ite of Birth 22/05/2002 Blood Group ___ Mobile 6009392017

mail PRIYANKADEBBARMA6009@gmail.com

rent's Name Mr./Ms. SANJIT DEBBARMA

(Res) _____ (Mobile) 7085706399 Nationality INDIAN

esent Address VILL- KALACHAND SARDAR PARA

P.O- KALYANPUR PS- KALYANPUR DISTRICT GOMATI

GARTALA TRIPURA 799203

manent Address VILL- KALACHAND SARDAR PARA

P.O- KALYANPUR PS- KALYANPUR DISTRICT GOMATI

GARTALA TRIPURA 799203

CADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	Ekalavya model Res. School Kathigora	Khowai	CBSE	—	2018	53%	
	Eklavya model Res. School Kathigora	Khowai	CBSE	Arts	2020	77%	
aduation@	Icfai University Tripura	Agartala	IUT	World Literature	2023		
stgraduation							
ploma							
hers							

*Indicate state Board / CBSE/University etc.; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of m... examinations may lead to rejection of application form.

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Application Number IUTE823- 0231

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)

☑ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed.(ID) ☐ D.PEd ☐ MPES

ME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

/Ms. PRITI DEBNATH

der : ☐ Male ☑ Female ☐ Transgender

ether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

ERSONAL DETAILS (Use Capitals only)

te of Birth 01/03/2001 Blood Group O+(ve) Mobile 7005512643

mail Pritidebnath1y-@Gmail.com

rent's Name Mr./Ms. PARIMAL DEBNATH

(Res) _____ (Mobile) 8787699526 Nationality Indian

esent Address VILL IDAL UBARI PO AMBASSA PS AMBASSA DIST DHALAI MBASSA TRIPURA

manent Address do

CADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	Dakubari Govt H/S	Ambassa	TBSE	Science	2017	63.14%	
aduation@	Kulai School	Ambassa	TBSE	Science	2019	65.6%	
stgraduation	MBB College	Agartala	MBBU	B.Sc Bio (6)	2022	70.3%	
ploma							
hers							

dicate state Board / CBSE/University etc.; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheets/ g... examinations may lead to rejection of application form.

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Application Number

IUTE823- 0235

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed. ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)

☑ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.P.Ed ☐ B.P.ES ☐ B.P.ES (Lateral Entry) ☐ D.Ed Spl.Ed.(ID) ☐ D.P.Ed ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. ANKITA SARKAR

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ☑ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 02/12/2002 (D D/M M/Y Y Y Y) Blood Group AH Mobile 7629820745

E-mail ankitasarkar02011@gmail.com

Parent's Name Mr./Ms. BIPUL SARKAR

Tel (Res) _____ (STD Code + Tel. No.) (Mobile) 9862329307 Nationality INDIAN

Present Address KAMALGHAT MOHANPUR AGARTALA

AGARTALA TRIPURA 799210

Permanent Address SRINAGAR SABROOM SOUTH TRIPURA

BELONIA TRIPURA 799143

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	SRINAGAR H.S SCH	Belonia	TBSE	—	2018	66.6%	
XII	SRINAGAR H.S	Belonia	TBSE	Arts	2020	76%	
Graduation@	ICFAI	Agartala		Arts	Pursuing 4	8.20	
Postgraduation							
Diploma							
Others							

*Indicate state Board / CBSE/University etc.; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheet of all examinations may lead to rejection of application form.

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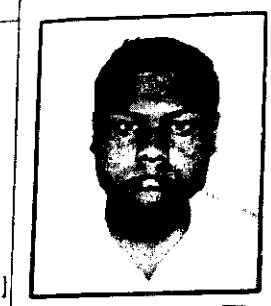
Application Number
IUTE823- 0239

Please Tick (✓) the program you wish to enroll:

☐ M Phil in Clinical Psychology ☐ M Ed ☐ M.Ed Spl Ed(ID) ☐ MA (Education)
☑ B.Ed ☐ B Ed Spl Ed (ID) ☐ B PEd ☐ B PES ☐ B PES (Lateral Entry) ☐ D.Ed Spl Ed (ID) ☐ D.PEd ☐ MPES

ME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Ms. DWIPJYOTIDEBNATH

der : ☑ Male ☐ Female ☐ Transgender

ther You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

SONAL DETAILS (Use Capitals only)

of Birth 02/12/2000 Blood Group ____ Mobile 9366554736

dwipjyotidebnath@gmail.com

nt's Name Mr./Ms. DULALCHANDRADEBNATH

les) _____ (Mobile) 9402338576 Nationality INDIAN

nt Address SONAMURAHOSPITALROAD

~~PART-A~~ SONAMURA TRIPURA 799131

nent Address SONAMURAHOSPITALROAD

NAMURA TRIPURA 799131

EMIC RECORD: SCHOOL / COLLEGE

ISS	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	N.C.I	Sonamura	T.B.S.E		2016	65.71	
	N.C.I	Sonamura	T.B.S.E	Science	2018	70.4	
ion@	M.B.B	Agartala	MBBU	B.Sc (Pass)	2021	73.3	
fuation	ICFAI (Running)	Agartala	ICFAI	M.Sc Physics(Run			

*late Board / CBSE/University etc.; @ applicable for B.Ed, B.Ed Spl Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheets/ grade sheets inations may lead to rejection of application form.

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Application Number
IUTE823- 0240

Please Tick (✓) the program you wish to enroll:

[ ] M Phil in Clinical Psychology [ ] M Ed [ ] M Ed Spl Ed(ID) [ ] MA (Education)
[✓] B Ed [ ] B Ed Spl Ed (ID) [ ] B PEd [ ] B PES [ ] B PES (Lateral Entry) [ ] D Ed Spl Ed (ID) [ ] D PEd [ ] MPES

IE OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Ms. MANMITA DATTA

nder : [ ] Male [✓] Female [ ] Transgender

ether You belong to [ ] SC [ ] ST [✓] OBC [ ] Minority [ ] Others [Please Tick any one(✓)]

RSONAL DETAILS (Use Capitals only)

ıte of Birth 04/09/2001 Blood Group O+ Mobile 8837381761

mail manmitadatta099@gmail.com

ırent's Name Mr./Ms. Sumitra Sinha Datta

l (Res) _____ (Mobile) 8416002517 Nationality Indian.

resent Address Jamirghat, PO: Kamalghat, Pin-799210, P.S Lefunga. TRIPURA

ermanent Address Jamirghat, PO: Kamalghat, Pin-799210, P.S Lefunga.

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Kamalghat HS School		TBSE		2018	62 %	
XII	Bodhjung Girls HS School		TBSE		2020	77 %	
Graduation@	IUT	Agartala	IUT		2023	5.5 CGPA (72%)	
Postgraduation							
Diploma							
Others							

*Indicate state Board / CBSE/University etc ; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates non-submiss[illegible]ts/Grade sheets of all examinations may lead to rejection of application form.

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Application Number
IUTE823- 0242

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed ☐ M.Ed Spl Ed(ID) ☐ MA (Education)
☑ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.P.Ed ☐ B.P.E.S ☐ B.P.E.S (Lateral Entry) ☐ D.Ed Spl.Ed.(ID) ☐ D.P.Ed ☐ M.P.E.S

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. SURMA DEBBARMA

Gender : ☐ Male ☑ Female ☐ Transgender

Category You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 26/09/2000 Blood Group O+ Mobile 9863447327

Email SURMADEBBARMA311@GMAIL.COM

Parent's Name Mr./Ms. SUKUDEB DEBBARMA

(Res) — (Mobile) 9436930628 Nationality INDIAN

Present Address KAMALGHAT
GARTALA TRIPURA 799120

Permanent Address BACHAT BARI VILLAGE CHARGHORIA BAR
PO-WEST LAXMI CHARA PS-CHAMPAHOUR
KHOWAI TRIPURA 799202

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	KGEM H S S	Khowai	TBSE	Arts	2018	41%	
	KGEM Higher Secondary School	Khowai	TBSE	Arts	2020	51%	
Graduation@	ICFAI University Tripura	Agartala	IUT	Arts	2023		
Postgraduation							
Diploma							
Others							

*State Board / CBSE/University etc ; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheets/grade sheets examinations may lead to rejection of application form.

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Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO: Kamalghat, Mohanpur, Agartala 799 210, Tripura (West).

Application Number

IUTE823- 0245

Please Tick (✓) the program you wish to enroll

[ ] M Phil in Clinical Psychology [ ] M Ed [ ] M Ed Spl Ed(ID) [ ] MA (Education)

[✓] B Ed [ ] B Ed Spl Ed (ID) [ ] B P.Ed [ ] B P.E.S [ ] B P.E.S (Lateral Entry) [ ] D Ed Spl Ed (ID) [ ] D P.Ed [ ] M P.E.S

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. RAMKRISHNA DEBNATH

Gender: [✓] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [✓] OBC [ ] Minority [ ] Others (Please Tick any one(s))

PERSONAL DETAILS (Use Capitals only)

Date of Birth 15/09/2001 Blood Group B+ve Mobile 8638801685

E-mail [illegible]

Parent's Name Mr./Ms. [illegible]

Tele (Res) _____ (Mobile) 7628801635 Nationality INDIAN

Present Address MANU BANKUL SABROOM SOUTH TRIPURA

PIN 799144

Permanent Address [illegible]

PIN [illegible]

ACADEMIC RECORD SCHOOL / COLLEGE

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Dhanma Dipa	Sabroom	CBSE	Science	2017	9.2	
XII	Dhanma Dipa	Sabroom	CBSE	Science	2019	6.4	
Graduation@	Holy Cross	Agartala	TU	Science	2022	57.3	
Postgraduation							
Diploma							
Others							

@Indicate state Board / CBSE/University etc.; # applicable for B Ed, B Ed Spl Ed (ID) and D Ed Spl Ed (ID) candidates; non-submission of mark sheets of all examinations may lead to rejection of application form

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0322

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed ☐ M.Ed Spl Ed(ID) ☐ MA (Education)
☑ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed.(ID) ☐ D.PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. ✓ SARI YOUTI REANG

Gender: ☐ Male ☑ Female ☐ Transgender

Whether You belong to: ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(s)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 01011998 Blood Group B+ve Mobile 8132859251

E-mail reangsariyouti@gmail.com

Parent's Name Mr./Ms. RABINDRA REANG

Tel (Res) _____ (Mobile) 9862623577 Nationality INDIAN

Present Address VILL-ULTACHERRA P.O-KARAMCHERRA P.S-MANU DIST-DHALAI TRIPURA PIN-799266

Permanent Address VILL-ULTACHERRA P.O-KARAMCHERRA P.S-MANU DIST-DHALAI TRIPURA UNDER LONGTHARAI VALLEY PIN-799266

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	SAINT ARNOLD'S AMBASSA	AMBASSA	TBSE	ARTS	2015	43.71	
XII	HOLY CROSS KATHALCHERA	NEPALTILLA	TBSE	ARTS	2017	59.2	
Graduation@	HOLY CROSS COLLEGE	AGARTALA	TU	ARTS	2020	55.2	
Postgraduation	TRIPURA UNIVERSITY	AGARTALA	TU	"	2022	72.6	
Diploma							
Others							

*Indicate state Board / CBSE/University etc.; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheets / grade sheets of all examinations may lead to rejection of application form.

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Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number

IUTE823- 0246

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed. ☐ M.Ed. Spl Ed(ID) ☐ MA (Education) ☑ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.P.Ed ☐ B.P.E.S ☐ B.P.E.S (Lateral Entry) ☐ D.Ed Spl.Ed.(ID) ☐ D.P.Ed ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. PRITI DATTA

Gender : ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ☑ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 23/02/2001 Blood Group A+ Mobile 7005270193

E-mail priitidatta12@gmail.com

Parent's Name Mr./Ms. PARTHA DATTA

Tel (Res) _____ (Mobile) 9862025209 Nationality Indian

Present Address Bhattapukur Near Shiva Sangha

Agartala Tripura 799003

Permanent Address ---do---

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects Offered
	Prana Vananda Vidyamandir	Agartala	TBSE		2017	79.8	
II	P.M.	Agartala	TBSE	Science	2019	77.6	
Graduation	ICFAI	Mohanpur	ICFAI	Maths Honours	2023		
Postgraduation							
Diploma							
Others							

*Indicate state Board / CBSE/University etc.: If applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates

Fail examinations may lead to rejection of application form

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0247

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)
☑ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed.(ID) ☐ D.PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. NESKYDEWAN

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 09/12/2001 Blood Group AB+ Mobile 6001926587

Email NESKYDEWAN@GMAIL.COM

Parent's Name Mr./Ms. AMALENDU DEWAN

Tel (Res) — (Mobile) 6009019269 Nationality INDIAN

Present Address KAMALGHAT, KUNJABAN

AGARTALA TRIPURA 799210

Permanent Address KANCHANPUR VILL:-SRIRAMPUR

P.O+P.S KANCHANPUR

KANCHANPUR TRIPURA 799210

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	RCP G L M H S School	Kanchanpur	TBSC		2018	47%	Beng, Eng, Math, Sc, SSC
	Aman Junior College	Silchar	SLBA	Arts	2020	53.4%	Eng, Beng, Political science
Graduation@	ICFAI University	Agartala	ICFAI	English	2023		
Postgraduation							
Diploma							
Others							

*Indicate state Board / CBSE/University etc.; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheets/ grade sheets in all examinations may lead to rejection of application form

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.
Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0256

Please Tick (✓) the program you wish to enroll:

☐ M Phil in Clinical Psychology ☐ M Ed ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)
☑ B Ed ☐ B.Ed Spl. Ed (ID) ☐ B PEd ☐ B PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed.(ID) ☐ D.PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. TANUSMITA KARMAKAR

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 06122001 Blood Group B+ Mobile 7085968254

E-mail TANUSMITAKARMAKAR@GMAIL.COM

Parent's Name Mr./Ms. BIPLAB KARMAKAR

Tel (Res) _____ (Mobile) 9862605254 Nationality INDIAN

Present Address JOGENDRANAGAR

AGARTALA TRIPURA 799004

Permanent Address JOGENDRANAGAR

AGARTALA TRIPURA 799004

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	SRI KRISHNA MISSION	AGARTALA	CBSE	SCIENCE	2018	55.6%	5
XII	MODERN H School	AGARTALA	CBSE	SCIENCE	2020	5.7/10	5
Graduation@	ICFAI UNIVERSITY	AGARTALA	UNI	SCIENCE	2023		
Postgraduation							
Diploma							
Others							

* indicate state Board / CBSE/University etc.; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheets/grade sheets of all examinations may lead to rejection of application form.

The ICFAI UNIVERSITY TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0258

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed. ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)
☑ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed.(ID) ☐ D.PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. ASMITA DEBNATH

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ☑ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 26/06/2000 Blood Group O+ Mobile 6009586398

E-mail debnathasmita1@gmail.com

Parent's Name Mr./Ms. DEBASISH DEBNATH

Tel (Res) 9436470736 (Mobile) 9383263718 Nationality INDIAN

Present Address BODARMUKAM POULTRY ROAD UDAIPUR
GOMATI DISTRICT TRIPURA
UDAIPUR TRIPURA 799120

Permanent Address — DO —

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	VVPHS	Udaipur	TBSE		2017	56.14	
	BNGHS	Udaipur	TBSE	Science	2019	53	
Graduation@	NSM	Udaipur	TU	Science	2022	6.45	
Postgraduation							
Diploma							
Others							

*Indicate state Board / CBSE/University etc.; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheets / grade sheets / certificates of all examinations may lead to rejection of application form.

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0260

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed. ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)
☑ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.P.Ed ☐ B.P.ES ☐ B.P.ES (Lateral Entry) ☐ D.Ed Spl.Ed.(ID) ☐ D.P.Ed ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. ANWESHA DEB

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ☑ Others [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 27/04/2002 (D D M M Y Y Y Y) Blood Group O+ VE Mobile 9862450088

E-mail anwesha44538@gmail.com

Parent's Name Mr./Ms. ANJAN DEB

Tel (Res) 7005425602 (STD Code) (Mobile) 8974125957 Nationality INDIAN

Present Address VILL. SAMATAL PADMABIL P.O. PO. HOWAI TRIPURA PIN 799202

Permanent Address VILL. SAMATAL PADMABIL P.O. PO. HOWAI TRIPURA PIN. 799202

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	HOLYCROSS	KUMARGHAT	CBSE		2018	72.33	6
	BHAVAN'S	AGARTALA	CBSE	SCIENCE	2020	74.2	5
Graduation@	ICFAI	AGARTALA		CHEMISTRY	2023		
Postgraduation							
Diploma							
Others							

*State state Board / CBSE/University etc., if applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of ma... examinations may lead to rejection of application form.

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0261

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology | ☐ M.Ed | ☐ M.Ed Spl.Ed(ID) | ☐ MA (Education)
☑ B.Ed | ☐ B.Ed Spl. Ed (ID) | ☐ B.PEd | ☐ B.PES | ☐ B.PES (Lateral Entry) | ☐ D.Ed Spl.Ed (ID) | ☐ D.PEd | ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. RANA HRANGKHAWL

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 14/02/03 Blood Group AB+ Mobile 9612397510

E-mail RANG@GMAIL.COM

Parent's Name Mr./Ms. MANASH KUMAR HRANGKHAWL

Tel (Res) _____ (Mobile) 9612772949 Nationality INDIAN

Present Address KAMALGHAT MOHANPUR
AGARTALA TRIPURA 799210

Permanent Address TELIAMURA VILL-RANIAMURA
PO-NKRPARA PS-TELIAMURA
TRIPURA

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Assam Rifles High School	Rangamura	CBSE		2018	53.8%	
XII	Assam Rifles Public School	Agartala	CBSE	Arts	2020	65 %	
Graduation@	ICFAI University	Agartala	ICFAI	English	2023		
Postgraduation							
Diploma							
Others							

* indicate state Board / CBSE/University etc.; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheets of all examinations may lead to rejection of application form.

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0265

Please Tick (✓) the program you wish to enroll:

[ ] M Phil in Clinical Psychology [ ] M Ed [ ] M Ed Spl Ed(ID) [ ] MA (Education)
[✓] B Ed [ ] B Ed Spl Ed (ID) [ ] B PEd [ ] B PES [ ] B PES (Lateral Entry) [ ] D Ed Spl Ed (ID) [ ] D PEd [ ] MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr/Ms SUPRIYO SINHA

Gender: [✓] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [✓] OBC [ ] Minority [ ] Others [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 26/02/2001 Blood Group B-IN Mobile 8135019925

Email SUPRIYOSINHA2006@GMAIL.COM

Parent's Name Mr./Ms. SUNILA SINHA

(Res) _____ (Mobile) 7629964287 Nationality INDIAN

Present Address KAMALGHAT, MOHANPUR, WEST TRIPURA-799210

AGARTALA TRIPURA 799210

Permanent Address NEPALTILLA, KATHAL CHERRA DHALAI TRIPURA-799288

NEPALTILLA TRIPURA 799288

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects Opted
X	HOLY CROSS H.S. SCHOOL	KATHAL CHERRA SILCHAR AGARTALA	TBSE AHSEC IUT	COMMERCE	2018	46.4	5
XII	ARYAN JUNIOR COLLEGE				2020	53.4	
Graduation@	I.C.F.A.I. UNIVERSITY				2023		
Postgraduation							
Diploma							
Others							

Indicate state Board / CBSE/University etc., if applicable for B Ed, B Ed Spl Ed (ID) and D Ed Spl Ed (ID) candidates. Non-submission of mark sheets/ grade sheets / fail examinations may lead to rejection of application form.

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.
Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

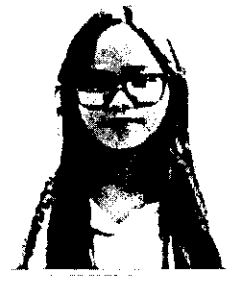
Application Number
IUTE823- 0268

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed ☐ M.Ed Spl Ed(ID) ☐ MA (Education)
☑ B.Ed ☐ B.Ed Spl Ed (ID) ☐ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl Ed (ID) ☐ D.PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. MILLI DEBBARMA



Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority Others [Please Tick any one(s)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 21/12/2000 Blood Group A+ Aadhaar 7511 2827 3

E-mail MILLIDEBBARMA

Parent's Name Mr./Ms. NANDI KUMAR DEBBARMA

Tel (Res) (Mobile) 9862[illegible] Nationality INDIAN

Present Address BARKATHAL PO-BARKATHAL
PS-SIDHAI MOHANPUR
AGARTALA TRIPURA 799211

Permanent Address BARKATHAL PO-BARKATHAL
PS-SIDHAI MOHANPUR
AGARTALA TRIPURA 799211

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board/ University	Stream: Science/Arts/ Commerce	Year of Passing	% of Marks / CGPA	Subjects Studied
X	Saint Andrews sch.	Agartala	CBSE	Arts	2017	07.4 CGPA	
XII	Saint Andrews sch.	Agartala	CBSE	Arts	2019	60.2%	
Graduation	Bishop College	Nagpur	RTMNU	Arts	2022	67.33%	
Postgraduation							
Diploma							
Others							

State Board / CBSE/University etc., as applicable for B.Ed, B.Ed Spl. Ed (ID), and D.Ed Spl. Ed (ID) candidates. Non-submission of mark sheets/ certificates may lead to rejection of application form.

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.
Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0270

Please Tick (✓) the program you wish to enroll:

☐ M Phil in Clinical Psychology ☐ M.Ed ☐ M Ed. Spl Ed(ID) ☐ MA (Education)
☑ B.Ed ☐ B Ed Spl. Ed (ID) ☐ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl Ed (ID) ☐ D.PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. SHUBHAM DEB

Gender : ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(s)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 24/12/2001 Blood Group B+ Mobile 9774255159

E-mail shubhamdeb2001@gmail.com

Parent's Name Mr./Ms. MOUSUMI PAUL DEB

Tel (Res) _____ Mobile 9435016562

Present Address PALUGAON NEAR [illegible]
UNAKOTI
KAILASHAHAR TRIPURA 799250

Permanent Address [illegible]

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board	Specialization	Year	% Marks / CGPA	Subjects Opted
	Paligaon Boys' High School	Kadashahar	TBSE		2018	51.8%	
	R.K Institution	Kadashahar	TBSE		2019	51.8%	
Graduation	ICFAI University Tripura	Agartala		Commerce	2020	56.6%	
Postgraduation				Commerce	2023	7.33	
Diploma							
Others							

Indicate state Board / CBSE/University etc : if applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates non-submission of [illegible] examinations may lead to rejection of application form

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO: Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0285

Please Tick (✓) the program you wish to enroll.

[ ] M Phil in Clinical Psychology [ ] M Ed [ ] M Ed Spl Ed(ID) [ ] MA (Education)
[✓] B Ed [ ] B Ed Spl Ed (ID) [ ] B PEd [ ] B PES [ ] B PES (Lateral Entry) [ ] D Ed Spl Ed (ID) [ ] D PEd [ ] MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr/Ms. NABANITA SAHA

Gender [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [ ] OBC [ ] Minority [✓] Others [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 28 10 1998 Blood Group O+ Mobile 8 4 1 3 9 2 5 8 4 3

E-mail sahanabanita486@gmail.com

Parent's Name Mr/Ms NAMITA SAHA

Tel (Res) ..... (Mobile) 9436532765 Nationality Indian

Present Address K.C. PARA, NEAR SANTIRBAZAR P.S.,
SANTIRBAZAR, SOUTH TRIPURA
SANTIRBAZAR TRIPURA 799144

Permanent Address K.C. PARA, NEAR SANTIRBAZAR P.S.,
SANTIRBAZAR, SOUTH TRIPURA
SANTIRBAZAR TRIPURA 799144

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board/ University	Stream (Sc./Com./Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Aryya Colony H.S. School	Belonia	TBSE		2015	79.29%	
XII	Aryya Colony H.S. School	Belonia	TBSE	Science	2017	69.4%	
Graduation@	Iswar Chandra Vidya-Sagar College	Belonia	TU	Chemistry Hons.	2020	6.27	
Postgraduation	ICFAI IUT	Kamalghat, Agartala	IUT	Chemistry	2022	7.8	
Diploma							
Others							

@Indicate State Board / CBSE/University etc., as applicable for B Ed, B.Ed Spl. Ed (ID) and D Ed Spl Ed (ID). Any examinations may lead to rejection of application form

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0287

Please Tick (✓) the program you wish to enroll:

[ ] M.Phil in Clinical Psychology | [ ] M.Ed | [ ] M.Ed Spl Ed(ID) | [ ] MA (Education)
[✓] B.Ed | [ ] B.Ed Spl. Ed (ID) | [ ] B.P.Ed | [ ] B.P.E.S | [ ] B.P.E.S (Lateral Entry) | [ ] D.Ed Spl Ed (ID) | [ ] D.P.Ed | [ ] M.P.E.S

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. RENUKA KALAI

Gender [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority [ ] Others [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 19042000 Blood Group AB+ Mobile 7005152606

Email renukakalai8@gmail.com

Parent's Name Mr./Ms. AJIT KALAI

Tel. (Res) _____ (Mobile) 9366294529 Nationality INDIAN

Present Address SAME AS PERMANENT ADDRESS

Permanent Address VILL: NABINKALAI PARA PO: NKR PARA
PS: TELIAMURA DIST: KHOWAI
AGARTALA TRIPURA 799205

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	YAKHILI ACADEMY	KHUMULWNG	TBSE		2016	3[illegible]	
XII	DON BOSCO SCHOOL	AGARTALA	CBSE	ARTS	2018	[illegible]	
Graduation	Women's College	SHILLONG	NEHU	ENGLISH	2021	5[illegible]	
Postgraduation	ICFAI UNIVERSITY	AGARTALA	ICFAI	ENGLISH	2023	88% (3rd sem)	
Diploma							
Others							

* Indicate state Board / CBSE/University etc., if applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0292

Please Tick (✓) the program you wish to enroll:

☐ M Phil in Clinical Psychology ☐ M Ed. ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)
☑ B Ed ☐ B.Ed Spl Ed (ID) ☐ B PEd ☐ B PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed.(ID) ☐ D.PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. NISHEN DEBBARMA

Gender : ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 31/01/1997 Blood Group O+ Mobile 8638801159

E-mail nishendbarma@gmail.com

Parent's Name Mr./Ms. RADHA RAMAN DEBBARMA

Tel (Res) _____ (Mobile) 9402527444 Nationality Indian

Present Address GAMCHA KOBRA PARA P.O-BODHJUNG NAGAR PS-LEFUNGA

TRIPURA 799210

Permanent Address GAMCHA KOBRA PARA P.O-BODHJUNG NAGAR PS-LEFUNGA

TRIPURA 799210

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Kendriy Vidyalaya Kunjaban	Agartala	CBSC	Arts	2013	6.0	Eng. Hindi Maths Sci. Soc. Sc
XII	K.V Kunjaban	Agartala	CBSC		2015	71%	Eng. Hindi Geo Hist. Pol. Sc.
Graduation	Cachar College	Silchar	Assam University		2019	3.82	History Hindi Pol. Sc.
Postgraduation	Tripura University	Agartala	Tripura University		2021	6.75	History
Diploma							
Others							

*Indicate state Board / CBSE/University etc ; # applicable for B.Ed, B Ed Spl Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheets/ grade sheets all examinations may lead to rejection of application form.

The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0296

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed. ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)
☑ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.P.Ed ☐ B.P.E.S ☐ B.P.E.S (Lateral Entry) ☐ D.Ed Spl.Ed.(ID) ☐ D.P.Ed ☐ M.P.E.S

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. MATING JAMATIA

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 04/11/1996 Blood Group B+ve Mobile 8974659814

E-mail jamatiamati1396@gmail.com

Parent's Name Mr./Ms. KSHIRAN KR JAMATIA

Tel (Res) _____ (Mobile) 9862664827 Nationality Indian

Present Address ICFAI GIRLS HOSTEL, KAMALGHAT, TRIPURA, PIN- 799210

Permanent Address VILL:Khamanbari, P.O- Hodrai, P.S- TELIAMURA, DIST: Khowai, PIN- 799205

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Hindi Higher Secondary School	Agartala	CBSE		2012	62.7 %	Eng, Maths, Science, SST
XII	Hindi Higher Secondary School	Agartala	CBSE	Science	2014	68 %	Phy, Bio, Che, English, Hindi
Graduation@	S.C Bezbaruah College	Guwahati	GU	Arts	2021	68.17 %	BA (Hons)
Postgraduation	ICFAI UNIVERSITY	Agartala	ICFAI University	Arts	2021-23	91.3 % (3rd Sem)	MA (Hons)
Diploma							
Others							

*Indicate state Board / CBSE/University etc.; # applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheets / grade sheets of all examinations may lead to rejection of application form

The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0306

Please Tick (✓) the program you wish to enroll:

[_] M Phil in Clinical Psychology [ ] M.Ed [ ] M.Ed Spl Ed(ID) [ ] MA (Education)
[✓] B.Ed [ ] B.Ed Spl Ed (ID) [ ] B.PEd [ ] B.PES [ ] B.PES (Lateral Entry) [ ] D.Ed Spl.Ed.(ID) [ ] D.PEd [ ] MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr. MRINMOY BHOWMIK

Gender : [✓] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [ ] OBC [ ] Minority [✓] Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 25/8/2001 Blood Group O+ Mobile 8837213866

Email MRINMOYBHOWMIK1S@GMAIL.COM

Parent's Name Mr./Ms. SADHAN BHOWMIK

(Res) _____ (Mobile) 9612688555 Nationality INDIAN

Present Address KRISHNA NAGAR, SRINAGAR, SRINAGAR
ABROOM SOUTH TRIPURA
SABROOM TRIPURA 799143

Permanent Address KRISHNA NAGAR, SRINAGAR, SRINAGAR
ABROOM SOUTH TRIPURA
SABROOM TRIPURA 799143

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	Sumtia Bazar HS (+2) School	Sumtia Bazar	TBSE	—	2018	65%	
Graduation @	Belonia Vidyapith Girls' School / Icfai University Tripura	Belonia / Agartala	TBSE / IUT	ARTS / BA. English	2020 / 2023	67.2% / 8.40	
Postgraduation							
Diploma							
Others							

*State Board / CBSE/University etc.; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheets/ [illegible] examinations may lead to rejection of application form.

ICFAI

The ICFAI University, Tripura

M Phil in Clinical Psychology | M Ed | M Ed Spl Edn (MR) | M Ed Spl Edn (HI) | D Ed Spl Ed (IDD) | D Ed

B Ed | B Ed Spl Ed (HI) | B PEd | B PES | B PES (Lateral Entry) | D Ed Spl Ed (IDD) | D Ed

APPLICANT (Use Capitals only) (As it appears in the School Certificates)

ARKADEEP SINGHA

Gender: Male | Female | Transgender

Category: SC | ST | OBC | Minority | Others (Please Tick any one(s))

Date of Birth 29/09/99 Blood Group O +ve Mobile 9837045465

Email singhaarkadeep@gmail.com

Father's Name Mr/Ms. ARUN KUMAR SINGHA

Mother's Name (Mobile) 9436455566 Nationality Indian

Present Address MATHCHOWMUHANI ASSAM AGARTALA ROAD WEST TRIPURA AGARTALA 799004

Permanent Address MATHCHOWMUHANI ASSAM AGARTALA TRIPURA 799004

RECORD SCHOOL / COLLEGE

Name of the School/College	City	Board / University	Stream (Science/Arts/Commerce)	Year of Passing
V.V.Kendriya	Agartala	CBSE		2018
Bhuvan Vidyapeeth	Agartala	Madhyamik		2016
ICFAI University	Agartala	TBSE	B.Sc Non-Medical	2021

Note: State Board / CBSE/University etc. ... Wrong Entries may lead to rejection of application ... Candidates' non submission of mark sheets ...

3

Government of Tripura
Office of the Sub Divisional Magistrate
Sadar : West Tripura

No:SDM/Sadar/OBCC/2015301100001809 **Dated: Agartala, 09-Jul-2015**

Form of certificates to be produced by other backward classes applying for appointment of posts under the Government of India

This is to certify that Shri/ Smt/ Kumari Arkadeep Singha

Son of Shri/ Smt/ Late Arun Kumar Singha of Village

Matlhowmuchani District/ Division West Tripura in the Tripura State

belongs to the Manipuri community, which is recognised as a backward class under

(a) Government of India, Ministry of Welfare Resolution No: 12011/68-93-BCC(C) dated 10th September, 1993 Published in the gazette of India Extraordinary part-I* Section - 1 dated 13th September, 1993.

(a) Government of India, Ministry of Welfare Resolution No: 12011/9/94-BCC dated 19th October, 1994 Published in the gazette of India Extraordinary part-I Section - 1 No: 163 dated 20th October, 1994.

Shri/ Smt/ Kumari Arkadeep Singha and his/ her Family Ordinarily Resides

in the West Tripura District/ Division of the Tripura State

This is also to Certify that he/ she does not belongs to the Persons/ Sections (Creamy layer) mentioned in the Column 3 of the Seechedule to the Government of India, Department of Personnel and Training O.M No. 360 - 12/22/93-Estt. (SCT) dated 8th September 1993.

201530110001809

Sub Divisional Magistrate
Sadar : West Tripura

*N.B - (a) The Term of Ordinary Resides used here will have the Same Meaning as in the Section 20 of the representation of People Act 1950

(b) When the Certificates are used by Gazette/ Officers of the Union Government of State Government they should be in same form but CounterSigned by the District Magistrate or Deputy Commissioner (Certificates Issued by Gazetted officers and attested by District Magistrate/ Deputy Commissioner are not Sufficient)

**. Strike out Which ever is not Applicable.

Arkadeep singha
13/7/15

Arkadeep Singha

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.
Please submit the completed Application Form to University Campus, Agartala-Simna Road, PO Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0320

Please Tick (✓) the program you wish to enroll

[ ] M Phil in Clinical Psychology [ ] M Ed [ ] M Ed Spl Ed(ID) [ ] MA (Education)
[✓] B Ed [ ] B Ed Spl Ed (ID) [ ] B PEd [ ] B PES [ ] B PES (Lateral Entry) [ ] D Ed Spl Ed (ID) [ ] D PEd [ ] MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. LALMOITI RIANG

Gender : [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [✓] OBC [ ] Minority [ ] Others [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 09/09/1998 Blood Group O+ve Mobile 7630843208

E-mail rlalmoiti@gmail

Parent's Name Mr./Ms. RADEBSING REANG

Tel (Res) _____ (Mobile) 9862461747 Nationality INDIAN

Present Address TV-TOWER AD NAGAR AGARTALA

Permanent Address VILL-ULTACHERRA PO-KAIRACHERRA
P.S.-MAILU DIST-DHALAI TRIPURA
PIN-799266

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	SAINT ARNOLD SCH	AMBASSA	TBSE	ARTS	2015	44	
XII	HOLY CROSS SCH	NEPALTILA	TBSE	ARTS	2017	58	
Graduation	HOLY CROSS COLLEGE	AGARTALA	TU	ARTS	2020	50	
Postgraduation	TRIPURA UNIVERSITY	AGARTALA	TU	ARTS	2022	70	
Diploma							
Others							

*Indicate state Board / CBSE/University etc. * applicable for B Ed, B Ed Spl Ed (ID) and D Ed Spl Ed (ID) candidates. non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

THE ICFAI UNIVERSITY TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO: Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number

IUTE823- 0401

Please Tick (✓) the program you wish to enroll:

[ ] M Phil in Clinical Psychology [ ] M Ed [ ] M Ed Spl Ed(ID) [ ] MA (Education)

[✓] B Ed [ ] B Ed Spl Ed (ID) [ ] B PEd [ ] B PES [ ] B PES (Lateral Entry) [ ] D Ed Spl Ed (ID) [ ] D PEd [ ] MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. PRITAM ADHIKARI

Gender [✓] Male [ ] Female [ ] Transgender

Whether You belong to SC ST OBC Minority [✓] Others [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 20/2/1997 Blood Group A+ Mobile 8837219172

E-mail pritamadhikari6871@gmail.com

Parent's Name Mr./Ms PARIMAL ADHIKARI

Tel (Res) _____ (Mobile) 8837219172 Nationality INDIAN

Present Address P.A.2 PARA MATABARI

UDAIPUR TRIPURA 799114

Permanent Address

DO

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	R. K. A. V	AGARTALA	T.B.S.E	–	2014	61%	
II	M. G. M	"	"	Science	2016	50%	
Graduation	R. T. C	"	T. U	"	2019	58.9	
Postgraduation	Tripura University	AGARTALA	T. U	Science	2021	73.7	
Diploma							
Others							

*Indicate state Board / CBSE / University etc. (not applicable for B Ed, D Ed Spl Ed (ID) candidates) Non submission of mark sheets/grade sheets of all examinations may lead to rejection of application form

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Please submit the completed Application Form to: University Campus, Agartala-Sinma Road, PO. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0502

Please Tick (✓) the program you wish to enroll:

[ ] M Phil in Clinical Psychology [ ] M Ed [ ] M Ed Spl Ed(ID) [ ] MA (Education)
[✓] B Ed [ ] B Ed Spl Ed (ID) [ ] B PEd [ ] B PES [ ] B PES (Lateral Entry) [ ] D Ed Spl Ed (ID) [ ] D PEd [ ] MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. SHARBARI SHOME

Gender : [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [ ] OBC [ ] Minority [✓] Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 30/11/1989 Blood Group A+ Mobile 9774694699

E-mail Sharbarishome19@gmail.com

Parent's Name Mr./Ms. PRADIP SHOME

Tel (Res) _____ (Mobile) _____ Nationality INDIAN

Present Address KALYANI PUKURPAR DHALESHWAR

AGARTALA TRIPURA 799004

Permanent Address KALYANI PUKURPAR DHALESWAR

AGARTALA TRIPURA 799004

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Kendriya Vidyalaya Lokra	Assam	CBSC		2005	53.6%	
XII	Kendriya Vidyalaya ONGC	Agartala	CBSC	Arts	2007	47.8%	
Graduation@	Women's college	Agartala	T.U	Arts	2011	49.07%	
Postgraduation	IGNOU	Agartala	IGNOU	Arts	2014	58.00%	
Diploma							
Others							

*Indicate state Board / CBSE/University etc.; @ applicable for B.Ed, B Ed Spl Ed (ID) and D.Ed Spl Ed (ID) candidates. non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

The ICFAI University TRIPURA

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Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number

IUTE823- 0602

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed. ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)

☑ B.Ed ☐ B.Ed Spl Ed (ID) ☐ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed.(ID) ☐ D.PEd ☐ MPES

ME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. PRITAM DATTA

Gender : ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ☑ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 08/12/2000 Blood Group O+ Mobile 8837095917

Email Pritamdatta9177@gmail.com

Parent's Name Mr./Ms. BISWESWAR DATTA

Tel (Res) _____ (Mobile) 9366939409 Nationality INDIAN

Present Address A. D. NAGAR ROAD NO-5 AGARTALA TRIPURA WEST AGARTALA TRIPURA 799003

Permanent Address A. D. NAGAR ROAD NO-5 AGARTALA TRIPURA WEST AGARTALA TRIPURA 799003

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	Bhavan's Tripura Vidya Mandir	Agartala	C.B.S.E		2016	8.2	English, Bengali, Math, Scien, SST
XII	Modern high school	Agartala	C.B.S.E	Science	2018	58.20%	Eng, Phy, Chem, Bio, Bengali
Graduation@	The ICFAI University, Tripura	Agartala	ICFAI	Chemistry (Hons)	2021	62.32%	
Postgraduation	"	"	ICFAI	Chemistry	2023		
Diploma							
Others							

*Indicate state Board / CBSE/University etc.; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheets/certificates/degrees/diploma in all examinations may lead to rejection of application form.

ICFAI UNIVERSITY

The ICFAI University, Tripura

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Please submit the completed Application Form to: University Campus,
Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- **0603**

Please Tick (✓) the program you wish to enroll:

[ ] M Phil in Clinical Psychology [ ] M Ed [ ] M.Ed Spl Ed(ID) [ ] MA (Education)
[✓] B Ed [ ] B Ed Spl Ed (ID) [ ] B PEd [ ] B PES [ ] B PES (Lateral Entry) [ ] D Ed Spl Ed (ID) [ ] D.PEd [ ] MPES

AME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

r./Ms. NILOTPAL BISWAS

ender : [✓] Male [ ] Female [ ] Transgender

hether You belong to [ ] SC [ ] ST [ ] OBC [ ] Minority [✓] Others [Please Tick any one(√)]

ERSONAL DETAILS (Use Capitals only)

ate of Birth 02/12/2000 Blood Group O(+ve) Mobile 9366013888

-mail nilotpalbiswas121200009@gmail.com

arent's Name Mr./Ms. MAKHAN BISWAS

el (Res) _____ (Mobile) 9862474057 Nationality INDIAN

resent Address vill. SOUTH JOLAIBARI PIN: 799141
P.O- JOLAIBARI SUB: SANTIBAZAR,
AGARTALA TRIPURA

ermanent Address
Same.

CADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Jolaibari H/S school	AGARTALA	TBSE		2016	61.14%	
XII	Jolaibari H/S school	"	TBSE	Science	2018	64%	
Graduation@	ICFAI	"	ICFAI	Science	2021	6.7%	
Postgraduation	ICFAI	"	ICFAI	Science	2023		
Diploma							
Others							

*indicate state Board / CBSE/University etc ; @ applicable for B.Ed, B Ed Spl Ed (ID) and D Ed Spl Ed (ID) candidates. non-submission of mark sheets/ grade sheets all examinations may lead to rejection of application form.

The ICFAI University Tripura

ICFAI UNIVERSITY TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8415952506, Fax 0381-2865752/62

PERSONAL INFORMATION

Courses offered	:	B.Ed
Admission Number	:	IUTE-823-0605
Student Name: (As per the 10+2 Certificate)	:	DEBAPRIYA BHOWMIK
Father Name	:	DEBABRATA BHOWMIK
Mother Name	:	-
Date of Birth	:	-
Identification Marks (As per the SSC Certificate)		
1.	:	-
2.	:	-
Nationality	:	Indian
Aadhar Card No	:	-
Native Place & State	:	-
Student Mobile	:	9612801151
Student E-mail	:	debapriyabhowmik3@gmail.com
Father Mobile	:	9774641467
Mother Mobile	:	-
Gender	:	Female
Community	:	General

CONTACT INFORMATION

Permanent Address		
Country	:	-
H.No	:	-
Locality	:	-
Village/City	:	-
Pincode	:	-
Tel: (R)	:	-
(O)	:	-

-

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0607

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)
☑ B.Ed ☐ B Ed Spl. Ed (ID) ☐ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed.(ID) ☐ D.PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. HRITUPARNA BANIK

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 14/6/1999 Blood Group A+ Mobile 9862689257

Email hritupparnabanik@gmail.com

Parent's Name Mr./Ms. RANJAN BANIK

Tel (Res) _____ (Mobile) 9436533119 Nationality INDIAN

Present Address KAMALPUR DHALAI TRIPURA

KAMALPUR TRIPURA 799285

Permanent Address KAMALPUR DHALAI TRIPURA

KAMALPUR TRIPURA 799285

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	K.C. Girls' class XII school	Kamalpur	TBSE	Science	2016	65.5%	
XII	K.C. Girl's class XII school	Kamalpur	TBSE		2018	57.8	
Graduation@	R.K. Mahavidyalaya	Kailashahar	TU	Chemistry	2021	6.62	
Postgraduation	ICFAI	Agartala	IUT	"	2023		
Diploma							
Others							

*Indicate state Board / CBSE/University etc.; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form.

The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

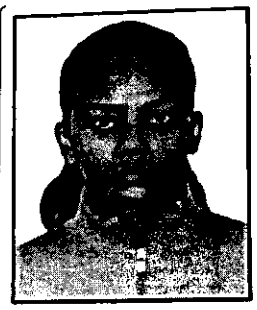
Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0612

Please Tick (✓) the program you wish to enroll:

☐ M Phil in Clinical Psychology ☐ M.Ed ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)
☑ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed.(ID) ☐ D.PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. MANISHA DAS

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☑ SC ☐ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 19/06/2002 Blood Group A+ Mobile 9366122529

E-mail MANISHADAS1918@GMAIL.COM

Parent's Name Mr./Ms. MANORANJAN DAS

Tel (Res) _____ (Mobile) 9436538457 Nationality INDIAN

Present Address JOYNAGAR ROAD NO. 7, DASHAMIGHAT
AGARTALA TRIPURA 799001

Permanent Address TRTC PARA, WARD NO. 4.
AMBASSA TRIPURA 799289

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	CHANDRAIPARA	AMBASSA	TBSE		2018	72.6%	
XII	BANIVIDYAPITHGIRLS	AGARTALA	TBSE	SCIENCE	2020	56.4%	
Graduation@	ICFAI	AGARTALA	ICFAI	CHEMISTRY	2023		
Postgraduation							
Diploma							
Others							

*Indicate state Board / CBSE/University etc.; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheets/ grade sheets/ all examinations may lead to rejection of application form.

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number

IUTE823- 0618

Please Tick (✓) the program you wish to enroll:

☐ M Phil in Clinical Psychology | ☐ M Ed | ☐ M Ed Spl Ed(ID) | ☐ MA (Education)

☑ B Ed | ☐ B Ed Spl Ed (ID) | ☐ B PEd | ☐ B PES | ☐ B PES (Lateral Entry) | ☐ D Ed Spl Ed (ID) | ☐ D PEd | ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr/Ms. PAYEL MAJUMDER

Gender: ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ☑ Others [Please Tick any one(s)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 26/01/2000 Blood Group O+ Ve Mobile 7629037677

E-mail majumderpayel17@gmail.com

Parent's Name Mr/Ms. MILAN KANTI MAJUMDER

Tel (Res) _____ (Mobile) 9436952613 Nationality Indian

Present Address AGARTALA

AGARTALA TRIPURA 799001

Permanent Address KATHALIA SEPAHIJALA TRIPURA, SONAMURA KATHALIA TRIPURA 799131

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	KGHS	Kathalia	TBSE		2016	66.57%	
XII	B.Khini's	Agartala	TBSE	Science	2018	67%	
Graduation	Women's College	Agartala	TU		2021	6.85	
Postgraduation	ICFAI	Agartala	ICFAI	M.Sc Nursing	2023	8.3	
Diploma							
Others							

Indicate state Board / CBSE/University etc., as applicable for B Ed, B Ed Spl Ed (ID) and D Ed Spl Ed (ID) candidates. non-submission of mark sheets/ [illegible] sheets all examinations may lead to rejection of application form.

ICFAI 10/09/0033

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number

IUTE823- **0619**

Please Tick (✓) the program you wish to enroll.

[ ] M Phil in Clinical Psychology [ ] M Ed [ ] M Ed Spl Ed(ID) [ ] MA (Education)

[✓] B Ed [ ] B Ed Spl Ed (ID) [ ] B PEd [ ] B PES [ ] B PES (Lateral Entry) [ ] D Ed Spl Ed (ID) [ ] D PEd [ ] MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. ✓ APARUPA LASKAR

Gender [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [ ] OBC [ ] Minority [✓] Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 18/2/1999 Blood Group ____ Mobile 7640984702

E-mail aparupalaskar68@gmail.com

Parent's Name Mr./Ms. ✓ ASHIS LASKAR

Tel (Res) ____ (Mobile) 9436451169 Nationality INDIAN

Present Address DHALESWAR, ROAD NO:-14

AGARTALA TRIPURA 799007

Permanent Address DHALESWAR, ROAD NO:-14

AGARTALA TRIPURA 799007

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Shishu Bihar H.S School	Agartala	T.B.S.E	Science	2016	58.42%	
XII	Modern H.S School	Agartala	C.B.S.E	Science	2018	54.8%	
Graduation	R.K.M.C	Agartala	M.B.B.U	Science	2021	54.9%	
Postgraduation	ICFAI	Agartala	ICFAI	Science	2023	6.86 CGPA	
Diploma							
Others							

*Indicate state Board / CBSE/University etc., If applicable for B Ed, B Ed Spl Ed (ID) and D Ed Spl Ed (ID) candidates, non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form

ICFAI UNIVERSITY TRIPURA

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number

IUTE823- 0625

Please Tick (✓) the program you wish to enroll:

☐ M Phil in Clinical Psychology ☐ M.Ed ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)

☑ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B PEd ☐ B PES ☐ B PES (Lateral Entry) ☐ D Ed Spl.Ed (ID) ☐ D PEd ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. RISHMI SUTRADHAR

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(s)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 24/09/1999 Blood Group O+ Mobile 9366102370

E-mail sutradharrishmi@gmail.com

Parent's Name Mr./Ms. RAIDHAN SUTRADHAR

Tel (Res) _____ (Mobile) 9366102370 Nationality INDIAN

Present Address CHANDRAPUR

AGARTALA TRIPURA 799008

Permanent Address NORTH JOLAIBARI

JOLAIBARI TRIPURA 799114

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Jolaibari H.H Girls' H/S School	Jolaibari	T.B.S.E	Science	2016	73%	
XII	Jolaibari H/S school	Jolaibari	T.B.S.E	Science	2018	62.6%	
Graduation@	Women's college	Agartala	TU	Science	2021	71%	
Postgraduation	ICFAI	Agartala	ICFAI	Science	2023		
Diploma							
Others							

*Indicate state Board / CBSE/University etc., @ applicable for B Ed, B Ed Spl Ed (ID) and D Ed Spl Ed (ID) candidates, non-submission of mark sheet [illegible] of all examinations may lead to rejection of application form.

The ICFAI University Tripura

ICFAI UNIVERSITY TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8415952506, Fax 0381-2865752/62

RSONAL INFORMATION

urses offered	:	B.Ed
lmission Number	:	IUTEON-823-111
ıdent Name: per the 10+2 Certificate)	:	DEBALINA SEN
ıther Name	:	GOPAL SEN
other Name	:	RUMA ROY SEN
ate of Birth	:	02/07/2000
entification Marks s per the SSC Certificate)		
	:	NO
	:	NIL
ationality	:	Indian
adhar Card No	:	311226004705
ative Place & State	:	BELONIA, TRIPURA SOUTH
tudent Mobile	:	7630044538
tudent E-mail	:	sendebalina37@gmail.com
ather Mobile	:	9436518466
lother Mobile	:	8119029903
ender	:	Female
ommunity	:	General

ONTACT INFORMATION

ermanent Address		
ountry	:	India
tate	:	Tripura
istrict	:	South Tripura
.No	:	H.No
ocality	:	BELONIA
illage/City	:	SUKANTA NAGAR
incode	:	799155
el: (R)	:	-
O)	:	-
	:	-

The ICFAI University TRIPURA

ICFAI® UNIVERSITY

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Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number IUTE823- 0620

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed ☐ M.Ed. Spl.Ed(ID) ☐ MA (Education)

☑ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed.(ID) ☐ D.PEd ☐ MPES

ME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

'Ms. RUPALI BISWAS

nder : ☐ Male ☑ Female ☐ Transgender

ether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

RSONAL DETAILS (Use Capitals only)

e of Birth 22011998 Blood Group OT Mobile 9366279195

:ail Rupalibiswas6627@gmail.com

ent's Name Mr./Ms. SADHAN BISWAS

(Res) _____ (Mobile) 9366279195 Nationality INDIAN

sent Address VILL-WEST TARANAGAR P/O-MOHANPUR

S-SIDHAI DIST-WEST TRIPURA

TRIPURA 799211

manent Address ~~B/O~~ VILL P/O-BARJALA

P/S-WEST AGARTALA

TRIPURA 799002

DEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	MNP Girl's school	Mohanpur	TBSE		2014	34	
	MNP XII School	Mohanpur	TBSE	Arts	2016	45.6	
uation@	S.V.M CLG	Mohanpur	TU	Arts	2019	5.96	
graduation	TU	Agartala	TU		2021	7.20	
ma							
rs							

ate state Board / CBSE/University etc.; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheets/ grade sheets xaminations may lead to rejection of application form.

ICFAI UNIVERSITY

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Application Number

IUTE823- 0624

Please Tick (✓) the program you wish to enroll

[ ] M Phil in Clinical Psychology [ ] M Ed [ ] M Ed Spl Ed(ID) [ ] MA (Education)

[✓] B Ed [ ] B Ed Spl Ed (ID) [ ] B PEd [ ] B PES [ ] B PES (Lateral Entry) [ ] D Ed Spl Ed (ID) [ ] D PEd [ ] MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr/Ms SHYANTAN DEBNATH

Gender [✓] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [ ] OBC [ ] Minority [✓] Others [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 22/12/2002 Blood Group O+ Mobile 8256912613

Email shayontandebnath1@gmail.com

Parent's Name Mr/Ms NARENDRA CHANDRA DEBNATH

(Res) _____ (Mobile) 9863755609 Nationality INDIA

Present Address NATUN PALLY, GORKHABASTI, TRIPURA WEST, AGARTALA

Permanent Address NATUN PALLY, GORKHABASTI, TRIPURA WEST, AGARTALA

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	DON BOSCO SCHOOL	AGARTALA	CBSE	SCIENCE	2018	86.6	Eng, SSc, Beng, Math, Sc
Graduation	DON BOSCO SCHOOL	AGARTALA	CBSE	SCIENCE	2020	73.2	Eng, Bio, Phy, Chem, PE
Postgraduation	ICFAI	AGARTALA	ICFAI	B.Sc	2023	7.15	5th Sem
Diploma							
Others							

*Indicate state Board / CBSE/University etc ; * applicable for B Ed, B Ed Spl. Ed (ID) and D Ed Spl. Ed (ID) candidates. non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form.

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ICFAI UNIVERSITY

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Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number

IUTE823- 0636

Please Tick (✓) the program you wish to enroll:

☐ M Phil in Clinical Psychology ☐ M.Ed. ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)

☑ B Ed ☐ B Ed Spl Ed (ID) ☐ B PEd ☐ B PES ☐ B PES (Lateral Entry) ☐ D.Ed Spl Ed.(ID) ☐ D PEd ☐ MPES

ME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

/Ms. ELISA DEBBARMA

nder : ☐ Male ☑ Female ☐ Transgender

ether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

RSONAL DETAILS (Use Capitals only)

te of Birth 08/12/2001 Blood Group ____ Mobile 8837069552

nail elisadebbarma56@gmail.com

rent's Name Mr./Ms. SWAPAN DEBBARMA

(Res) _____ (Mobile) 8787569557 Nationality INDIAN

sent Address VILL - BARDHAMAN THAKUR PARA PO - PURBA NOAGAON PS - RANIR BAZAR WEST GARTALA TRIPURA 799035

manent Address BARDHAMAN THAKUR PARA PO - PURBA NOAGAON PS - RANIR BAZAR WEST TRIPURA GARTALA TRIPURA 799035

ADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	Yakhili Academy	Khumulwng	TBSE		2017	38.5%	
duation@	ST James H R Sec School	Gomgrai	TBSE	Arts	2020	56.4%	
graduation	ICFAI University	Agartala	ICFAI	Arts	2023		
oma							
ers							

*ate state Board / CBSE/University etc.; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheets/ grade sheets examinations may lead to rejection of application form.

ICFAI UNIVERSITY

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Application Number
IUTE823- 0637

Please Tick (✓) the program you wish to enroll

[ ] M.Phil in Clinical Psychology [ ] M.Ed [ ] M.Ed Spl Ed(ID) [ ] MA (Education)
[✓] B.Ed [ ] B.Ed Spl. Ed (ID) [ ] B.PEd [ ] B.PES [ ] B.PES (Lateral Entry) [ ] D.Ed Spl.Ed (ID) [ ] D.PEd [ ] MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr/Ms SANTANU CHAKRABORTY

Gender [✓] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [ ] OBC [ ] Minority [✓] Others [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 28/02/2001 Blood Group AB+ Mobile 8974308091

Email _____

Parent's Name Mr./Ms. BIMALENDU CHAKRABORTY

Phone (Res) _____ (Mobile) 9862450701 Nationality Indian

Present Address SOUTH DHALESWAR
VIVEKPALLI P.O. AGARTALA COLLEGE
AGARTALA TRIPURA 799004

Permanent Address SOUTH DHALESWAR
VIVEKPALLI P.O. AGARTALA COLLEGE
AGARTALA TRIPURA 799004

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	SHIKSHA NIKETAN	AGARTALA	TBSE	Science	2018	74.4	5
	SHISHUBIHAR H.S.	AGARTALA	TBSE	Eng(H)	2020	62.8	5
Graduation	ICFAI	AGARTALA	ICFAI		2023		
Postgraduation							
Diploma							
Others							

Indicate state Board / CBSE/University etc., as applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheets of all examinations may lead to rejection of application form

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

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Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0638

Please Tick (✓) the program you wish to enroll:

☐ M Phil in Clinical Psychology ☐ M.Ed. ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)
☑ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.P.Ed ☐ B.P.E.S ☐ B.P.E.S (Lateral Entry) ☐ D.Ed Spl.Ed.(ID) ☐ D.P.Ed ☐ MPES

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. POPI ROY

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 06042002 Blood Group A+ Mobile 8730058383

E-mail roypoiroy@gmail.com

Parent's Name Mr./Ms. AJITKUNARROY

Tel (Res) _____ (Mobile) 8974266563 Nationality INDIAN

Present Address AMTALI

AGARTALA TRIPURA 799130

Permanent Address AMTALI

AGARTALA TRIPURA 799130

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	PVM	Agartala	CBSE	~~Arts~~	2018	68%	5
XII	PVM	Agartala	CBSE	Arts	2020	69%	5
Graduation@	ICFAI	Agartala	ICFAI	English (H)	2023		
Postgraduation							
Diploma							
Others							

*Indicate state Board / CBSE/University etc.; @ applicable for B Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form.

ICFAI UNIVERSITY TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

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Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number
IUTE823- 0646

Please Tick (✓) the program you wish to enroll:

☐ M Phil in Clinical Psychology ☐ M.Ed. ☐ M.Ed. Spl Ed(ID) ☐ MA (Education)
☑ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed.(ID) ☐ D.PEd ☐ MPES

AME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

r./Ms. JOY CHAKRABORTY

ender : ☑ Male ☐ Female ☐ Transgender

/hether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ☑ Others [Please Tick any one(√)]

ERSONAL DETAILS (Use Capitals only)

ate of Birth 12/12/2000 Blood Group O+ Mobile 9862289290

-mail joyjc200000@gmail.com

arent's Name Mr./Ms. HRISHIKESH CHAKRABORTY

el (Res) _____ (Mobile) _____ Nationality INDIANS

resent Address AGARTALA WEST TRIPURA

AGARTALA TRIPURA 799001

ermanent Address

AMARPUR TRIPURA 799101

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	DAT H/S School	Amarpur	TBSE		2016	54%	
XII	Amarpur H/S School	Amarpur	TBSE	Science	2018	58%	
Graduation@	Udaipur NSM	Udaipur	TU	Bio Science	2021	73.7%	
Postgraduation							
Diploma							
Others							

*Indicate state Board / CBSE/University etc.; @ applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form.

The ICFAI University Tripura

ICFAI UNIVERSITY TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8415952506, Fax 0381-2865752/62

Application form

EDUCATION PROGRAMS

es offered:

PERSONAL DETAILS

sion Number: IUTEON-823-024
nt Name: LEENA MAJUMDER
r the 10+2 Certificate)
r Name: DULAL MAJUMDER
Mother Name: LIPIKA MALLIK MAJUMDER
f Birth: 05/11/2000
Blood Group: AB+
fication Marks:
r the SSC Certificate)

al Status: Unmarried
Mother Tongue: BENGALI
X H.T.No: -
nality: Indian
nt Mobile: 9366209756
Student E-mail: linamajumder14@gmail.com
r Mobile: 9366327688
Mother Mobile: -
er: Female
unity: General
ion: Agartala City Office

COMMUNICATION DETAILS

anent Address

try: India	State: Tripura	District: South Tripura
H.No BHURATALI	Locality: SATCHAND	Village/City: MANUBAZAR
de: 799143	Tel: (R): -	(O) -

ss for Communication

try: India	State: Tripura	District: South Tripura
BHURATALI	Locality: SATCHAND	Village/City: MANUBAZAR

ICFAI UNIVERSITY TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8415952506, Fax 0381-2865752/62

Application form

EDUCATION PROGRAMS

offered:

PERSONAL DETAILS

on Number: IUTEON-823-033
Name: DEEPTANIL CHAKRABORTY
the 10+2 Certificate)
Name: DEBAJIT CHAKRABORTY
Birth: 07/09/2000
cation Marks:
the SSC Certificate)

Mother Name: MITHU CHAKRABORTY
Blood Group: A+

l Status: Unmarried
H.T.No: 42671
slity: Indian
r Card No: 860666313535
t Mobile: 6009668467
Mobile: 9774707909
r: Male
unity: General
ion: Other

Mother Tongue: BENGALI
Native Place & State: TRIPURA
Student E-mail: deeptanilchakraborty5@gmail.com
Mother Mobile: 9436565032
Any other Please Specify: AGARTALA

COMMUNICATION DETAILS

anent Address		
try: India	State: Tripura	District: West Tripura
: H.No 213	Locality: SOUTH SIDE OF UNNYAN SANGHA	Village/City: NORTH BADHARGHAT
de: 799003	Tel: (R): -	(O) -
ess for Communication		

ICFAI UNIVERSITY TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8415952506, Fax 0381-2865752/62

Application form

EDUCATION PROGRAMS

es offered:

PERSONAL DETAILS

ssion Number: IUTEON-823-039
nt Name: PAPIYA DEB
er the 10+2 Certificate)
r Name: PRADIP KUMAR DEB
of Birth: 18/02/2001
ification Marks:
er the SSC Certificate)

Mother Name: DIPU DEB
Blood Group: O+

tal Status: Unmarried
/ X H.T.No: -
nality: Indian
iar Card No: 547044851052
ent Mobile: 8119031833
er Mobile: 9612212976
der: Female
mmunity: General
ition: Agartala City Office

Mother Tongue: BENGALI
Native Place & State: TRIPURA
Student E-mail: pdeb8129@gmail.com
Mother Mobile: 6909429518

COMMUNICATION DETAILS

manent Address		
ntry: India	State: Tripura	District: West Tripura
o: H.No 01	Locality: FATICK CHARRA	Village/City: FATICK CHARRA
code: 799210	Tel: (R): -	(O) -
dress for Communication		
ntry: India		

ICFAI UNIVERSITY TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8415952506, Fax 0381-2865752/62

Persuing ICFAI

Application form

EDUCATION PROGRAMS

urses offered:

:d

PERSONAL DETAILS

nission Number: IUTEON-823-041
dent Name: APARUPA SIL
per the 10+2 Certificate)
her Name: PRANKRISHNA SIL
e of Birth: 14/10/1999
ntification Marks:
per the SSC Certificate)
-
-
ital Status: Unmarried
/ X H.T.No: -
onality: Indian
har Card No: 726120230914
lent Mobile: 8413060562
er Mobile: 8575467086
der: Female
munity: OBC
tion: Agartala City Office

Mother Name: ANINDITA CHOWDHURY SIL
Blood Group: B+
Mother Tongue: BENGALI
Student E-mail: silaparupa@gmail.com
Mother Mobile: -

COMMUNICATION DETAILS

anent Address		
ntry: India	**State:** Tripura	**District:** Sepahijala
: H.No	**Locality:** MELAGHAR	**Village/City:** CHANDIGARH
de: 799115	**Tel: (R):** -	**(O)** -
ess for Communication		

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Ph +91 8415952506, Fax 0381-2865752/62

ICFAI / RA

Application form

EDUCATION PROGRAMS

irses offered:

d

PERSONAL DETAILS

mission Number: IUTEON-823-046
dent Name: WILLIAMS RUPINI
per the 10+2 Certificate)
her Name: MITHUN RUPINI
Mother Name: KAJAL KANYA RUPINI
e of Birth: 15/06/2001
Blood Group: A+
ntification Marks:
per the SSC Certificate)
-
-
rital Status: Unmarried
Mother Tongue: KOKBOROK
C / X H.T.No: -
ionality: Indian
tive Place & State: TRIPURA
dent Mobile: 8729845800
Student E-mail: williamrupini2.wr@gmail.com
her Mobile: 9612807202
Mother Mobile: 8729845800
nder: Male
mmunity: ST
:ation: Other
Any other Please Specify: NONE

COMMUNICATION DETAILS

rmanent Address

untry: India	**State:** Tripura	**District:** West Tripura
No: H.No	**Locality:** CHAMPAKNAGAR	**Village/City:** AGARTALA
icode: 799045	**Tel: (R):** 9612807202/9612315903	**(O)** -

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Application form

EDUCATION PROGRAMS

rses offered:

1

PERSONAL DETAILS

ission Number: IUTEON-823-054
ent Name: NELSON DEBBARMA
per the 10+2 Certificate)
er Name: NANDA LAL DEBBARMA
Mother Name: JOYTILA DEBBARMA
of Birth: 25/01/1996
Blood Group: A+
tification Marks:
per the SSC Certificate)

tal Status: Unmarried
Mother Tongue: KOKBOROK
X H.T.No: -
nality: Indian
e Place & State: TRIPURA
nt Mobile: 7005269989
Student E-mail: debbarmanelson3@gmail.com
r Mobile: 9863691211
Mother Mobile: 9863691211
er: Male
nunity: ST
ion: Other
Any other Please Specify: NONE

COMMUNICATION DETAILS

anent Address

ry: India	**State:** Tripura	**District:** Khowai
H.No	**Locality:** TELIAMURA	**Village/City:** KHAMAR BARI
de: 799205	**Tel: (R):** 7005269989	**(O)** Teliamura

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EDUCATION PROGRAMS

es offered:

PERSONAL DETAILS

ssion Number: IUTEON-823-055
at Name: GOURI BHATTACHARJEE
er the 10+2 Certificate)
r Name: GOPAL BHATTACHARJEE
Mother Name: JYOTSNA BHATTACHARJEE
of Birth: 18/12/2000
Blood Group: A+
ification Marks:
er the SSC Certificate)
ILL
ILL
ital Status: Unmarried
Mother Tongue: BENGALI
X H.T.No: 29435
onality: Indian
lent Mobile: 6009262485
Student E-mail: bhattacharjeegouri95@gmail.com
ier Mobile: 8787581757
Mother Mobile: -
der: Female
mmunity: General
ation: Agartala City Office

COMMUNICATION DETAILS

rmanent Address		
untry: India	State: Tripura	District: West Tripura
No: H.No	Locality: BADHARGHAT SRIPALLI	Village/City: AGARTALA
ncode: 799003	Tel: (R): -	(O) -
ddress for Communication		
ountry: India	State: Tripura	District: West Tripura

1/ARTS/

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Application form

EDUCATION PROGRAMS

ses offered:

PERSONAL DETAILS

ission Number: IUTEON-823-056
ent Name: DEEPSHIKHA SINHA
ıer the 10+2 Certificate)
er Name: NABIN SINHA
of Birth: 15/02/1999
tification Marks:
ıer the SSC Certificate)

Mother Name: SANDHYA SINHA
Blood Group: A+

ital Status: Unmarried
/ X H.T.No: -
onality: Indian
har Card No: 382993291243
lent Mobile: 9862476681
ıer Mobile: 9436556873
ıder: Female
nmunity: OBC
ation: Agartala City Office

Mother Tongue: MANIPURI

Student E-mail: sinhadeep2019@gmail.com
Mother Mobile: -

COMMUNICATION DETAILS

manent Address		
untry: India	State: Tripura	District: West Tripura
No: H.No	Locality: CHANDRAPUR MANIPURI NAT MANDIR	Village/City: AGARTALA
ıcode: 799008	Tel: (R): -	(O) -

ldress for Communication

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EDUCATION PROGRAMS

rses offered:

PERSONAL DETAILS

ıission Number: IUTEON-823-060
lent Name: MILY DEBBARMA
per the 10+2 Certificate)
ıer Name: BUDHARAI DEBBARMA
Mother Name: NAMITA DEBBARMA
: of Birth: 11/07/2000
Blood Group: B+
ıtification Marks:
per the SSC Certificate)
-
-
·ital Status: Unmarried
Mother Tongue: KOKBOROK
/ X H.T.No: -
ionality: Indian
har Card No: 915852908825
lent Mobile: 9366802628
Student E-mail: milydebbarma0@gmail.com
ıer Mobile: 7085902400
Mother Mobile: -
ıder: Female
ımunity: ST
ation: Agartala City Office

COMMUNICATION DETAILS

manent Address		
ıntry: India	**State:** Tripura	**District:** West Tripura
ıo: H.No 104	**Locality:** KAMALGHAT	**Village/City:** SARBAJOY PARA
code: 799210	**Tel: (R):** -	**(O)** -
dress for Communication		

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Application form

EDUCATION PROGRAMS

rses offered:

PERSONAL DETAILS

ission Number: IUTEON-823-066
ent Name: SUSMITA DAS
per the 10+2 Certificate)
er Name: MARAN CHANDRA DAS
Mother Name: NANDA RANI DATTA DAS
of Birth: 10/10 2000
Blood Group: A+
tification Marks:
per the SSC Certificate)

ital Status: Unmarried
Mother Tongue: BENGALI
/X H.T.No: -
ouality: Indian
aar Card No: 920545720788
Native Place & State: AGARTALA TRIPURA
ent Mobile: 6009420025
Student E-mail: dass.susmita10@gmail.com
er Mobile: 9436459264
Mother Mobile: 9362964384
ler: Female
munity: General
tion: Agartala City Office

COMMUNICATION DETAILS

anent Address

try: India	**State:** Tripura	**District:** West Tripura
: H.No	**Locality:** KALLYAN SAMITI PARA A D NAGAR	**Village/City:** NAGERJALA
de: 799003	**Tel: (R):** -	**(O)** -

ess for Communication

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EDUCATION PROGRAMS

es offered:

PERSONAL DETAILS

ssion Number: IUTEON-823-072
nt Name: KAISHIKI DAS
:r the 10+2 Certificate)
r Name: KESHAB DAS
Mother Name: BANANI DAS
of Birth: 04/05/2001
Blood Group: O+
ification Marks:
:r the SSC Certificate)

al Status: Unmarried
Mother Tongue: BANGALI
X H.T.No: -
nality: Indian
ar Card No: 758958042066
Native Place & State: TRIPURA
nt Mobile: 8837091127
Student E-mail: kaishikidas@gmail.com
r Mobile: 9436485274
Mother Mobile: 9862990305
er: Female
nunity: OBC
ion: IUT Campus

COMMUNICATION DETAILS

anent Address

try: India	**State:** Tripura	**District:** West Tripura
H.No	**Locality:** KHAYERPUR	**Village/City:** DALURA
de: 799008	**Tel: (R):** -	**(O)** -

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Application form

EDUCATION PROGRAMS

ses offered:

PERSONAL DETAILS

ission Number: IUTEON-823-079
ent Name: GOUTAM DEBNATH
ber the 10+2 Certificate)
er Name: GOPAL CHANDRA DEBNATH
Mother Name: MANJU BHOWMIK DEBNATH
of Birth: 15/02/1999
Blood Group: O+
tification Marks:
ber the SSC Certificate)

ital Status: Unmarried
/ X H.T.No: -
Mother Tongue: BENGALI
onality: Indian
har Card No: 860728817222
ent Mobile: 917085233535
Native Place & State: TRIPURA
er Mobile: 6909711741
Student E-mail: goutamdebnath670@gmail.com
der: Male
Mother Mobile: -
mmunity: OBC
ation: IUT Campus

COMMUNICATION DETAILS

manent Address		
ntry: India	**State:** Tripura	**District:** West Tripura
o: H.No	**Locality:** 79 TILLA	**Village/City:** AGARTALA
code: 799006	**Tel: (R):** -	**(O)** -
dress for Communication		

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Application form

EDUCATION PROGRAMS

rses offered:

d

PERSONAL DETAILS

mission Number: IUTEON-823-100
dent Name: PRIMA DEBBARMA
per the 10+2 Certificate)
her Name: KARA CHANDRA DEBBARMA
Mother Name: SHARMILA DEBBARMA
te of Birth: 18/10/1999
Blood Group: B+
ntification Marks:
per the SSC Certificate)
-
-
rital Status: Unmarried
Mother Tongue: KOKBOROK
C/X H.T.No: -
tionality: Indian
dhar Card No: 795401337196
Native Place & State: TRIPURA
dent Mobile: 6009433784
Student E-mail: primadebbarma2019@gmail.com
her Mobile: 8837351605
Mother Mobile: -
nder: Female
mmunity: ST
cation: Agartala City Office

COMMUNICATION DETAILS

rmanent Address

ountry: India	**State:** Tripura	**District:** West Tripura
No: H.No	**Locality:** BEGRAM PARA	**Village/City:** BEGRAM PARA
ncode: 7990045	**Tel: (R):** -	**(O)** -

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EDUCATION PROGRAMS

irses offered:
d

PERSONAL DETAILS

nission Number: IUTEON-823-102
dent Name: PIPINJOYA GHOSH
per the 10+2 Certificate)
her Name: PALTU KUMAR GHOSH
Mother Name: SWAPNA GHOSH
e of Birth: 06/11/1997
Blood Group: A+
ıtification Marks:
per the SSC Certificate)
-
-
rital Status: Unmarried
Mother Tongue: BENGALI
: / X H.T.No: -
ionality: Indian
har Card No: 833385919118
Native Place & State: TRIPURA
lent Mobile: 7085740244
Student E-mail: ghoshpipinjoya@gmail.com
ıer Mobile: 9612243962
Mother Mobile: 9612243962
der: Female
ımunity: OBC
ıtion: Agartala City Office

COMMUNICATION DETAILS

nanent Address

ntry: India	**State:** Tripura	**District:** West Tripura
): H.No MADHYA DUKLI	**Locality:** DUKLI	**Village/City:** MADHYA DUKLI AGARTALA
ode: 799003	**Tel: (R):** -	**(O)** -

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EDUCATION PROGRAMS

ces offered:

PERSONAL DETAILS

ission Number: IUTEON-823-103
ent Name: PAULAMI DAS
er the 10+2 Certificate)
er Name: MANIK CH DAS
of Birth: 16/09/1999
ification Marks:
er the SSC Certificate)
IL

Mother Name: MINA RANI DE DAS
Blood Group: B+

tal Status: Unmarried
/ X H.T.No: 13913
onality: Indian
har Card No: 500647153904
ent Mobile: 7005324513
er Mobile: 6005041963
der: Female
munity: SC
tion: Agartala City Office

Mother Tongue: BENGALI
Native Place & State: TRIPURA
Student E-mail: paulamidas58@gmail.com
Mother Mobile: -

COMMUNICATION DETAILS

manent Address		
ntry: India	**State:** Tripura	**District:** Unakoti
o: H.No 01 Nidevi Kumarghat	**Locality:** KUMARGHAT	**Village/City:** KUMARGHAT
code: 799264	**Tel: (R):** 8974418038	**(O)** -
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EDUCATION PROGRAMS

rses offered:

PERSONAL DETAILS

ission Number: IUTEON-823-104
ent Name: BISHAL SAHA
ver the 10+2 Certificate)
er Name: BIJOY LAL SAHA
Mother Name: SHILPI SAHA
of Birth: 20/12/2000
Blood Group: B+
ification Marks:
er the SSC Certificate)

tal Status: Unmarried
Mother Tongue: BENGALI
X H.T.No: -
nality: Indian
ar Card No: 545728801979
Native Place & State: AGARTALA
nt Mobile: 7630891871
Student E-mail: sbishal006@gmail.com
r Mobile: 9436524208
Mother Mobile: 9856801883
er: Male
aunity: General
ion: IUT Campus

COMMUNICATION DETAILS

anent Address

ry: India	State: Tripura	District: West Tripura
H.No BIRBAL DAS PARA	Locality: P.O.-AMARPUR, P.S.-BIRGANJ	Village/City: AMARPUR
le: 799101	Tel: (R): -	(O) -

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EDUCATION PROGRAMS

Courses offered:

B.Ed

PERSONAL DETAILS

Admission Number: IUTEON-823-106
Student Name: HRISHABH SINGHA
As per the 10+2 Certificate)
Father Name: SWAPAN KUMAR SINGHA
Mother Name: -
Date of Birth: 02/09/1995
Blood Group: O-
Identification Marks:
As per the SSC Certificate)

-

-

Marital Status: -
Mother Tongue: -
SSC / X H.T.No: -
Nationality: Indian
Student Mobile: 7085518062
Student E-mail: hrishabhsingha24@gmail.com
Father Mobile: 9612011715
Mother Mobile: -
Gender: Male
Community: OBC
Location: Agartala City Office

COMMUNICATION DETAILS

Permanent Address		
Country: India	**State:** Tripura	**District:** West Tripura
No: H.No	**Locality:** ABHOYNAGAR	**Village/City:** AGATALA
Pincode: 799005	**Tel: (R):** -	**(O)** -
Address for Communication		
Country: India		

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Application form

yes

EDUCATION PROGRAMS

rses offered:

I

PERSONAL DETAILS

ıission Number: IUTEON-823-116
ient Name: MUNNA DEBNATH
per the 10+2 Certificate)
ıer Name: SHYAMAL DEBNATH
: of Birth: 27/12/2000
tification Marks:
per the SSC Certificate)
IIL
IIL
ital Status: Unmarried
/ X H.T.No: -
onality: Indian
har Card No: 271194100528
ent Mobile: 8837468015
er Mobile: 7005662355
der: Female
munity: OBC
tion: Agartala City Office

Mother Name: RITA DEBNATH
Blood Group: -
Mother Tongue: BENGALI
Native Place & State: MOHANPUR, TRIPURA
Student E-mail: senapaul39@gmail.com
Mother Mobile: -

COMMUNICATION DETAILS

manent Address		
ntry: India	**State:** Tripura	**District:** West Tripura
: H.No	**Locality:** MOHANPUR	**Village/City:** JAGATPUR
ode: 799211	**Tel: (R):** -	**(O)** -
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EDUCATION PROGRAMS

MA
30 < 45 marks

s offered:

ICFAI
90 marks

PERSONAL DETAILS

YES

sion Number: IUTEON-823-119
at Name: PRITI DAS
r the 10+2 Certificate)
r Name: SHIBA DAS
f Birth: 14/02/1999
fication Marks:
r the SSC Certificate)

Mother Name: ARCHANA DAS
Blood Group: B+

al Status: Unmarried
X H.T.No: -
nality: Indian
ar Card No: 835571947023
nt Mobile: 9366106846
r Mobile: 7085902216
er: Female
munity: SC
tion: IUT Campus

Mother Tongue: BENGALI
Native Place & State: MEGHALAYA
Student E-mail: preetydas918@gmail.com
Mother Mobile: -

COMMUNICATION DETAILS

anent Address		
try: India	**State:** Meghalaya	**District:** Shillong
: H.No	**Locality:** SOUTH WEST GARO HILLS	**Village/City:** MAHENDRAGANJ
ode: 794106	**Tel: (R):** -	**(O)** -
ress for Communication		
ntry: India	**State:** Tripura	**District:** West Tripura
: -	**Locality:** CHANMARI, AGARTALA	**Village/City:** CHANMARI

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EDUCATION PROGRAMS

ses offered:

PERSONAL DETAILS

ission Number: IUTEON-823-134
ent Name: SONIA DEBNATH
er the 10+2 Certificate)
er Name: BABUL DEBNATH
Mother Name: DIPALI DEBNATH
of Birth: 02/09/2002
Blood Group: -
tification Marks:
er the SSC Certificate)

tal Status: Unmarried
/X H.T.No: -
Mother Tongue: -
nality: Indian
ar Card No: 500331017870
nt Mobile: 9366392668
r Mobile: 7630087806
Student E-mail: soniadebnath6@gmail.com
er: Female
Mother Mobile: -
munity: OBC
tion: Agartala City Office

COMMUNICATION DETAILS

anent Address

try: India	**State:** Tripura	**District:** Sepahijala
: H.No	**Locality:** THAKURPARA, MELAGHAR	**Village/City:** MELAGHAR
de: 799115	**Tel: (R):** -	**(O)** -

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EDUCATION PROGRAMS

es offered:

PERSONAL DETAILS

ssion Number: IUTFON-823-135
nt Name: TANIA DEBNATH
r the 10+2 Certificate)
r Name: BABUL DEBNATH
of Birth: 02/09/2002
ification Marks:
er the SSC Certificate)

Mother Name: DIPALI DEBNATH
Blood Group: -

tal Status: Unmarried
X H.T.No: -
nality: Indian
ar Card No: 758935468366
ent Mobile: 8794168422
er Mobile: 7630087806
der: Female
munity: OBC
ation: Agartala City Office

Mother Tongue: -
Student E-mail: taniadnath2002@gmail.com
Mother Mobile: -

COMMUNICATION DETAILS

manent Address		
ntry: India	State: Tripura	District: Sepahijala
o: H.No	Locality: THAKURPARA,	Village/City: MELAGHAR
code: 799115	Tel: (R): -	(O) -
dress for Communication		

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SONAL INFORMATION

*Courses offered:	B.Ed
*Admission Number:	IUTEON-823-149
*Student Name: (As per the 10+2 Certificate)	POONAM DEBBARMA
*Father Name:	LATE NITYA GOPAL DEBBARMA
Mother Name:	NAMITA SINHA DEBBARMA
*Date of Birth:	30/12/2001
Identification Marks: (As per the SSC Certificate)	
1.	-
2.	-
*Nationality:	Indian
Aadhar Card No:	935910602829
Native Place & State:	AGARTALA, TRIPURA
*Student Mobile:	7005500646
*Student E-mail:	poonam99.agt@gmail.com
*Father Mobile:	9774323015
Mother Mobile:	9774323015
*Gender:	Female
*Community:	ST

NTACT INFORMATION

Permanent Address

*Country:	India
*State:	Tripura
District:	West Tripura
H.No:	H.No
*Locality:	UJAN ABHOYNAGAR
*Village/City:	AGARTALA
*Pincode:	799005
Tel: (R):	-
(O)	-

Same as Permanent Address

Address for Communication

Country:	India
State:	-
District:	-
H.No:	-
Locality:	-
Village/City:	-
Pincode:	-

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EDUCATION PROGRAMS

Courses offered:

B Ed

PERSONAL DETAILS

Admission Number: IUTEON-823-155
Student Name: BAISHALI CHOUDHURI
(As per the 10+2 Certificate)
Father Name: ABHIJIT CHOUDHURI
Date of Birth: 09/07/1999
Mother Name: PAPIYA CHOUDHURI
Identification Marks:
Blood Group: A+
(As per the SSC Certificate)
1. ON CHEST
2. -
Marital Status: Unmarried
SSC / X H.T.No: -
Mother Tongue: BENGALI
Nationality: Indian
Aadhar Card No: 540507719995
Student Mobile: 8837344173
Native Place & State: TRIPURA
Father Mobile: 9436454662
Student E-mail: baishalisg99@gmail.com
Gender: Female
Mother Mobile: -
Community: General
Location: Agartala City Office

COMMUNICATION DETAILS

Permanent Address		
Country: India	**State:** Tripura	**District:** West Tripura
H.No: H.No	**Locality:** RAMNAGAR ROAD NO-9 OPP BIPLAB PLAY CENTRE	**Village/City:** AGARTALA
Pincode: 799002	**Tel: (R):** -	**(O)** -

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Application form

EDUCATION PROGRAMS

rses offered:

3

PERSONAL DETAILS

nission Number: IUTEON-823-170
dent Name: MANDIRA CHAKRABORTY
per the 10+2 Certificate)
her Name: MRIDUL CHAKRABORTY
e of Birth: 05/01/2001
atification Marks:
per the SSC Certificate)

Mother Name: GOPA CHAKRABORTY
Blood Group: B+

-

-

rital Status: Unmarried
X H.T.No: -
ionality: Indian
dhar Card No: 340023115373
dent Mobile: 7628923399
her Mobile: 9612040376
ader: Female
mmunity: General
:ation: Agartala City Office

Mother Tongue: BENGALI

Student E-mail: cmandira326@gmail.com
Mother Mobile: -

COMMUNICATION DETAILS

rmanent Address		
untry: India	**State:** Tripura	**District:** Sepahijala
No: H.No	**Locality:** HARISHNAGAR	**Village/City:** BISHALG
code: 799102	**Tel: (R):** -	**(O)** -
ldress for Communication		

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Note: To

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EDUCATION PROGRAMS

ses offered:

PERSONAL DETAILS

nission Number: IUTEON-823-174
dent Name: JOYASRI DATTA
per the 10+2 Certificate)
her Name: HIMANGSHU BIKASH DATTA
e of Birth: 27/02/2000
ntification Marks:
per the SSC Certificate)
-
-
arital Status: Unmarried
C / X H.T.No: -
tionality: Indian
adhar Card No: 981094912956
udent Mobile: 8415058294
ather Mobile: 9612726839
ender: Female
ommunity: General
ocation: IUT Campus

Mother Name: SIPTI DATTA
Blood Group: AB+

Mother Tongue: BENGALI

Native Place & State: AGARTALA TRIPURA
Student E-mail: joyasridatta427@gmail.com
Mother Mobile: 9612726839

COMMUNICATION DETAILS

ermanent Address		
ountry: India	**State:** Tripura	**District:** West Tripura
H.No: H.No VILL-PASCHIM PILAK	**Locality:** P.O.-MADHYA PILAK, P.S.-MADHYA PILAK	**Village/City:** SANTIRBAZAR
Pincode: 799141	**Tel: (R):** -	**(O)** -
Address for Communication		
Country: India		

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EDUCATION PROGRAMS

ɔurses offered:

Td

PERSONAL DETAILS

ɪmission Number: IUTFON-823-178
ɪdent Name: JAGRITI DAS
s per the 10+2 Certificate)
ther Name: RATIS DAS
Mother Name: SWAPNA DEBROY
te of Birth: 05 01 2000
Blood Group: A+
ɛntification Marks:
s per the SSC Certificate)
-
-
ɪrital Status: Unmarried
Mother Tongue: -
C/X H.T.No: -
tionality: Indian
dhar Card No: 244679451220
ɪdent Mobile: 9366144053
Student E-mail: jagritidas05@gmail.com
ɪher Mobile: 8787395700
Mother Mobile: -
ɒder: Female
mmunity: SC
ɛation: Agartala City Office

COMMUNICATION DETAILS

ɪmanent Address		
ɪntry: India	**State:** Tripura	**District:** Unakoti
ɔ: H.No	**Locality:** AMBEDKARNAGAR	**Village/City:** KUMARGHAT
code: 799264	**Tel: (R):**	**(O)** -
lress for Communication		
ɪntry: India	**State:** Tripura	**District:** Unakoti
ɔ: -	**Locality:** PABIACHERRA	**Village/City:** KUMARGHAT

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EDUCATION PROGRAMS

ourses offered:

Ed

PERSONAL DETAILS

lmission Number: IUTEON-823-180
ident Name: AMISHA MUHURI
s per the 10+2 Certificate)
ther Name: ANIL KANTI MUHURI
te of Birth: 22 06 2000
entification Marks:
s per the SSC Certificate)
-
-
Mother Name: ARATI MUHURI
Blood Group: A+

arital Status: Unmarried
C / X H.T.No: -
tionality: Indian
dhar Card No: 577350956512
ident Mobile: 9362524525
ther Mobile: 7085509974
nder: Female
mmunity: General
cation: Agartala City Office
Mother Tongue: BENGALI
Native Place & State: BAIKHORA & TRIPURA
Student E-mail: amishamuhuri7@gmail.com
Mother Mobile: -

COMMUNICATION DETAILS

rmanent Address		
untry: India	**State:** Tripura	**District:** South Tripura
No: H.No	**Locality:** PURBA CHARAKBAI	**Village/City:** BAIKHORA
icode: 799144	**Tel: (R):** -	**(O)** -
ldress for Communication		
untry: India		
No: -	**Locality:** -	**Village/City:** -

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EDUCATION PROGRAMS

urses offered:
:d

PERSONAL DETAILS

nission Number: IUTEON-823-182
lent Name: POUNAM SARKAR
ber the 10+2 Certificate)
er Name: SWAPAN KUMAR SARKAR
of Birth: 15 12 1999 — Mother Name: UMA RANI SARKAR
ification Marks: — Blood Group: B+
er the SSC Certificate)

l Status: Unmarried
H.T.No: - — Mother Tongue: -
ality: Indian
Card No: 678481558837
Mobile: 8787702799
Mobile: 9612943588 — Student E-mail: pounamsarkar@gmail.com
Female — Mother Mobile: -
nity: OBC
: Agartala City Office

COMMUNICATION DETAILS

nt Address		
India	State: Tripura	District: West Tripura
No	Locality: MILAN SANGHA, NEAR WATER SUPPLY OFFICE ROAD, AD NAGAR	Village/City: AGARTALA
799003	Tel: (R): -	(O) -
r Communication		

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M- Persuing
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EDUCATION PROGRAMS

Courses offered:

B.Ed

PERSONAL DETAILS

Admission Number: IUTEON-823-187
Student Name: SMRITI REANG
(As per the 10+2 Certificate)
Father Name: SANTI RANJAN REANG
Mother Name: SANDHYA DEBBARMA
Date of Birth: 02/03/1997
Blood Group: -
Identification Marks:
(As per the SSC Certificate)
-
-
Marital Status: Unmarried
Mother Tongue: -
SSC / X H.T.No: -
Nationality: Indian
Aadhar Card No: 548508504550
Student Mobile: 7005978996
Student E-mail: simircang19@gmail.com
Father Mobile: 9366698371
Mother Mobile: -
Gender: Female
Community: ST
Location: Agartala City Office

COMMUNICATION DETAILS

Permanent Address		
Country: India	State: Tripura	District: South Tripura
H.No: H.No	Locality: SANTIR BAZAR	Village/City: EAST MANU
Pincode: 799144	Tel: (R): -	(O) -
Address for Communication		
Country: India		
H.No: -	Locality: -	Village/City: -

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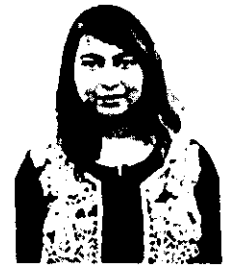
urses offered:
Ed



PERSONAL DETAILS

lmission Number: IUTEON-823-189
ident Name: ANKITA DAS
s per the 10+2 Certificate)
ther Name: SUBAL DAS
te of Birth: 01/10/2000
ntification Marks:
s per the SSC Certificate)
NO
NO
arital Status: Unmarried
C / X H.T.No: -
tionality: Indian
dhar Card No: 958122026616
ident Mobile: 7005040430
ther Mobile: 7005294160
nder: Female
mmunity: SC
cation: Other

Mother Name: BABITA DAS
Blood Group: O+

Mother Tongue: BENGALI

Native Place & State: JIRANIA & WEST TRIPURA
Student E-mail: ankitadas7005@gmail.com
Mother Mobile: -

Any other Please Specify: SACHINDRA NAGAR COLONY

COMMUNICATION DETAILS

rmanent Address

ountry: India	**State:** Tripura	**District:** West Tripura
No: H.No	**Locality:** SACHINDRA NAGAR COLONY	**Village/City:** SACHINDRA NAGAR COLONY
ncode: 799045	**Tel: (R):** -	**(O)** -

ddress for Communication

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EDUCATION PROGRAMS

irses offered:

d

PERSONAL DETAILS

nission Number: IUTEON-823-193

dent Name: PRIYA JAMATIA

per the 10+2 Certificate)

ner Name: JADUBAR JAMATIA

Mother Name: SUNDARI MALA JAMATIA

e of Birth: 30/12/1999

Blood Group: AB+

ntification Marks:

per the SSC Certificate)

PRIYA JAMATIA

-

rital Status: Unmarried

Mother Tongue: KAKBOROK

C / X H.T.No: -

ionality: Indian

dhar Card No: 304467497389

Native Place & State: TRIPURA

dent Mobile: 8414935649

Student E-mail: priyazmt25@gmail.com

her Mobile: 8414935649

Mother Mobile: -

der: Female

nmunity: ST

ation: Agartala City Office

COMMUNICATION DETAILS

manent Address

untry: India	State: Tripura	District: Gomati
No: H.No	Locality: SHILGHATI	Village/City: UDAIPUR
code: 799105	Tel: (R): -	(O) -

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EDUCATION PROGRAMS

ses offered:

PERSONAL DETAILS

ission Number: IUTEON-823-199
ent Name: SAPTAPARNA GHOSH
er the 10+2 Certificate)
er Name: SADIP GHOSH
Mother Name: SHIBANI GHOSH
of Birth: 12/01/1993
Blood Group: A+
tification Marks:
per the SSC Certificate)

ital Status: Unmarried
Mother Tongue: BENGALI
/ X H.T.No: -
onality: Indian
har Card No: 774668066519
lent Mobile: 7005200043
Student E-mail: saptaparna777@gmail.com
Mobile: 9862799860
Mother Mobile: 9612477989
der: Female
mmunity: OBC
ation: Agartala City Office

COMMUNICATION DETAILS

manent Address		
untry: India	State: Tripura	District: West Tripura
No: H.No	Locality: MADHUBAN,PO:VIVEKNAGAR,PS;AMTALI	Village/City: AGARTALA
code: 799130	Tel: (R): -	(O) -

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EDUCATION PROGRAMS

ırses offered:

d

PERSONAL DETAILS

mission Number: IUTEON-823-200

dent Name: MITALI BHOWMIK

per the 10+2 Certificate)

her Name: LT. TARANI MOHAN BHOWMIK

Mother Name: PRATIVA BHOWMIK

te of Birth: 05/01/1992

Blood Group: O-

ntification Marks:

; per the SSC Certificate)

-

-

ırital Status: Unmarried

Mother Tongue: -

C / X H.T.No: -

tionality: Indian

dhar Card No: 753898267608

ıdent Mobile: 8974761959

Student E-mail: mitalibhowmik57@gmail.com

ther Mobile: 8413953896

Mother Mobile: -

ıder: Female

mmunity: OBC

:ation: Agartala City Office

COMMUNICATION DETAILS

manent Address

ıntry: India	**State:** Tripura	**District:** West Tripura
o: H.No H.No	**Locality:** NISHCHINTA PUR, ISHAN CHANDRA NAGAR, AMTALI	**Village/City:** AGARTALA

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rses offered:

1

PERSONAL DETAILS

ıission Number: IUTEON-823-237
lent Name: SAYANIKA DATTA
per the 10+2 Certificate)
ıer Name: BIKAS DATTA
Mother Name: SILPI DATTA
: of Birth: 02/01/2000
Blood Group: O+
ıtification Marks:
per the SSC Certificate)

ital Status: Unmarried
Mother Tongue: BENGALI
/ X H.T.No: -
onality: Indian
har Card No: 479725353948
Native Place & State: JOLAIBARI, TRIPURA
ent Mobile: 7629907982
Student E-mail: sayanikadatta10@gmail.com
er Mobile: 8794286956
Mother Mobile: -
der: Female
munity: General
tion: Agartala City Office

COMMUNICATION DETAILS

ıanent Address

ıtry: India	State: Tripura	District: South Tripura
: H.No PALLI MANGAL A	Locality: PASCHIM PILAK	Village/City: JOLAIBARI
ode: 799141	Tel: (R): -	(O) -

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EDUCATION PROGRAMS

offered:

PERSONAL DETAILS

on Number: IUTEON-823-243
Name: PALLABI MAJUMDER
e 10+2 Certificate)
ame: SAMARENDRA MAJUMDER
Birth: 11/02/1994
ation Marks:
the SSC Certificate)

Mother Name: PURNIMA DAS MAJUMDER
Blood Group: B+

Status: Married
H.T.No: -
lity: Indian
Card No: 575582522289
Mobile: 8132025514
Mobile: 9436595760
Female
nity: General
n: Agartala City Office

Mother Tongue: BENGALI

Native Place & State: BELONIA
Student E-mail: pallabi.majumder11@gmail.com
Mother Mobile: 7085650388

COMMUNICATION DETAILS

nent Address		
ry: India	State: Tripura	District: South Tripura
H.No	Locality: SOUTH BELONIA	Village/City: BELONIA
le: 799155	Tel: (R): -	(O) -

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EDUCATION PROGRAMS

rses offered:

PERSONAL DETAILS

ission Number: IUTEON-823-250
ent Name: JAHNAVA PAUL
ier the 10+2 Certificate)
er Name: KRISHNADHAN PAUL
Mother Name: KALPANA DAS PAUL
of Birth: 05/11/2000
Blood Group: O+
ification Marks:
er the SSC Certificate)
)

tal Status: Unmarried
Mother Tongue: BENGALI
X H.T.No: -
nality: Indian
nt Mobile: 9366035284
Student E-mail: jahnavapaul@gmail.com
r Mobile: 8837333309
Mother Mobile: 9485060545
er: Female
nunity: General
ion: Agartala City Office

COMMUNICATION DETAILS

anent Address		
try: India	**State:** Tripura	**District:** West Tripura
H.No 191215	**Locality:** SHIBNAGAR GEDUMIA MASZID ROAD	**Village/City:** AGARTALA
de: 799004	**Tel: (R):** -	**(O)** -
ess for Communication		

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EDUCATION PROGRAMS

urses offered:

d

PERSONAL DETAILS

nission Number: IUTEON-823-256
dent Name: RIMPI SINGHA
per the 10+2 Certificate)
ier Name: LT. SAMARJIT SINGHA
Mother Name: REBIKA SINGHA
: of Birth: 24/04/1998
Blood Group: B+
tification Marks:
per the SSC Certificate)

tal Status: Unmarried
Mother Tongue: -
X H.T.No: -
nality: Indian
ar Card No: 911067684077
nt Mobile: 7002949341
Student E-mail: rimpisingha916@gmail.com
r Mobile: 9401086269
Mother Mobile: -
er: Female
nunity: OBC
ion: Silchar

COMMUNICATION DETAILS

ment Address

ry: India	**State:** Assam	**District:** Cachar
H.No	**Locality:** MASIMPUR	**Village/City:** KALIBARI TUPKHANA PART I
le: 788025	**Tel: (R):** -	**(O)** -

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es offered:

PERSONAL DETAILS

ission Number: IUTEON-823-259
nt Name: SATABDI DAS
:r the 10+2 Certificate)
r Name: KALYAN BRATA DAS
Mother Name: KALPANA DAS
of Birth: 20/02/2000
Blood Group: A+
fication Marks:
:r the SSC Certificate)

:al Status: Unmarried
Mother Tongue: BEANGALI
X H.T.No: 13074
nality: Indian
ar Card No: 206211664101
Native Place & State: JAGANNATHPUR, TRIPURA
:nt Mobile: 9366135643
Student E-mail: keyads2000@gmail.com
:r Mobile: 8787750762
Mother Mobile: -
ler: Female
munity: SC
tion: Other
Any other Please Specify: KAILASHAHAR UNAKOTI DISTRICT

COMMUNICATION DETAILS

nanent Address

ntry: India	State: Tripura	District: Unakoti
o: H.No WARD NO-02	Locality: KUMARGHAT SUB-DIV.	Village/City: JAGANNATHPUR
ode: 799280	Tel: (R): -	(O) -

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EDUCATION PROGRAMS

rses offered:

I

PERSONAL DETAILS

ıission Number: IUTEON-823-265
lent Name: DHRITI ACHARJEE
per the 10+2 Certificate)
ıer Name: PINAKI ACHARJEE
Mother Name: RUMA ACHARJEE
: of Birth: 15/06/1999
Blood Group: B+
ıtification Marks:
per the SSC Certificate)
JIL
JIL
ital Status: Unmarried
Mother Tongue: BENGALI
/ X H.T.No: -
ionality: Indian
lhar Card No: 239399722034
dent Mobile: 8131931062
Student E-mail: dhriti15061999@gmail.com
her Mobile: 9436919079
Mother Mobile: -
ıder: Female
nmunity: OBC
ation: IUT Campus

COMMUNICATION DETAILS

manent Address		
untry: India	State: Tripura	District: Khowai
No: H.No	Locality: PURAN BAZAR	Village/City: KHOWA
ıcode: 799201	Tel: (R): -	(O) -
dress for Communication		

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EDUCATION PROGRAMS

ses offered:

PERSONAL DETAILS

ission Number: IUTEON-823-267
ent Name: MILI DEBBARMA
ier the 10+2 Certificate)
er Name: ASHIM DEBBARMA
Mother Name: RUPASI DEBBARMA
of Birth: 19/06/1995
Blood Group: O+
tification Marks:
ier the SSC Certificate)

ital Status: Unmarried
Mother Tongue: KOKBOROK,BENGALI
/ X H.T.No: -
onality: Indian
aar Card No: 596301181929
Native Place & State: TRIPURA
ent Mobile: 6009048124
Student E-mail: debbarmamili415@gmail.com
er Mobile: 8413024944
Mother Mobile: 8413024944
der: Female
mmunity: ST
tion: Agartala City Office

COMMUNICATION DETAILS

manent Address		
ntry: India	State: Tripura	District: West Tripura
o: H.No	Locality: KRISHNANAGAR, NEAR JUDGE QUATAR	Village/City: AGARTALA , KRISHNANAGAR
ode: 799001	Tel: (R): -	(O) -

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PERSONAL INFORMATION

Courses offered	:	B.Ed
Admission Number	:	IUTEON-823-132
Student Name: (As per the 10+2 Certificate)	:	KANIKA DEBBARMA
Father Name	:	ASHOK DEBBARMA
Mother Name	:	GITA DEBBARMA
Date of Birth	:	02/01/2001
Identification Marks (As per the SSC Certificate)		
1	:	-
2.	:	-
Nationality	:	Indian
Aadhar Card No	:	335173141720
Native Place & State	:	MADHYA BANAMALIPUR, AGARTALA, TRIPURA
Student Mobile	:	6009453822
Student E-mail	:	kanikadebbarma211@gmail.com
Father Mobile	:	9089366149
Mother Mobile	:	8787640107
Gender	:	Female
Community	:	ST

CONTACT INFORMATION

Permanent Address

Country	:	India
State	:	Tripura
District	:	West Tripura
H.No	:	H.No 227227
Locality	:	BANAMALIPUR, AGARTALA
Village/City	:	MADHYA BANAMALIPUR, NEAR LAL BAHADUR CLUB, P.O: AGARTALA, P.S: EAST AGARTALA
Pincode	:	799001
Tel: (R)	:	6009453822
(O)	:	-

Same as Permanent Address

Address for Communication

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EDUCATION PROGRAMS

ırses offered:

d

PERSONAL DETAILS

nission Number: IUTEON-823-005
dent Name: PAPIYA SUTRADHAR
per the 10+2 Certificate)
her Name: SUKUMAR SUTRADHAR
Mother Name: MANABASHI DEBNATH SUTRADHAR
e of Birth: 27/12/2000
Blood Group: O+
atification Marks:
per the SSC Certificate)
NO
NO
rital Status: Unmarried
Mother Tongue: BENGALI
/ X H.T.No: -
ionality: Indian
lhar Card No: 435067484396
Native Place & State: TRIPURA
dent Mobile: 6009382606
Student E-mail: papiyasutradhar5@gmail.com
her Mobile: 8974727200
Mother Mobile: 8414888457
ıder: Female
nmunity: OBC
ation: Agartala City Office

COMMUNICATION DETAILS

manent Address		
untry: India	**State:** Tripura	**District:** West Tripura
No: H.No 00	**Locality:** MOHANPUR	**Village/City:** BIJOYNAGAR
icode: 799211	**Tel: (R):** -	**(O)** -
dress for Communication		
untry: India	**State:** Tripura	**District:** West Tripura
No: 00	**Locality:** MOHANPUR	**Village/City:** TARAPUR
icode: 799211	**Tel: (R):** -	**(O)** -

ACADEMIC RECORD: SCHOOL / COLLEGE

	X	XII	Graduation	Graduation
me of the hool /	TARAPUR HIGH SCHOOL	MOHANPUR CLASS XII	SWAMI VIVEKANANDA MAHAVIDYALAYA	

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application Number

IUTE823- 0617

Please Tick (✓) the program you wish to enroll:

☐ M.Phil in Clinical Psychology ☐ M.Ed ☐ M.Ed. Spl.Ed(ID) ☐ MA (Education)

☑ B.Ed ☐ B.Ed Spl. Ed (ID) ☐ B.PEd ☐ B.PES ☐ B.PES (Lateral Entry) ☐ D.Ed Spl.Ed (ID) ☐ D.PEd ☐ MPES

ME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Ms. BABLI GOSWAMI

nder ☐ Male ☑ Female ☐ Transgender

ether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ☑ Others [Please Tick any one(√)]

RSONAL DETAILS (Use Capitals only)

e of Birth 09041999 Blood Group AB Mobile 8794573347

ail babli19990swami@gmail.com

rent's Name Mr./Ms. PRANAB GOSWAMI

(Res) _____ (Mobile) 9774558730 Nationality INDIAN

esent Address JAGATPUR ABHOYNAGAR AGARTALA

AGARTALA TRIPURA 799005

rmanent Address JAGATPUR ABHOYNAGAR AGARTALA

AGARTALA TRIPURA 799005

ADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board*/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	ANSV School	Agartala	TBSE		June-98	37.86%	
ducation#	ANSV School	Agartala	TBSE	ARTS	2018	48.00%	
graduation	BBMC college	Agartala	MBBU	B.A (General)	2021	6.17	
oma							
ers							

*State Board / CBSE/University etc., # applicable for B.Ed, B.Ed Spl. Ed (ID) and D.Ed Spl. Ed (ID) candidates. non-submission of mark sheets/grade certificate examinations may lead to rejection of application form

ICFAI UNIVERSITY TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8415952506, Fax 0381-2865752/62

Application form

EDUCATION PROGRAMS

rses offered:

i

PERSONAL DETAILS

nission Number: IUTEON-823-173
dent Name: GOUTAM SAHA
per the 10+2 Certificate)
her Name: NIKHIL SAHA
Mother Name: -
e of Birth: -
Blood Group: -
ntification Marks:
per the SSC Certificate)
-
-
rital Status: Unmarried
Mother Tongue: -
/ X H.T.No: -
ionality: Indian
dent Mobile: 8730978566
Student E-mail: sahagoutam128@gmail.com
ner Mobile: 9612081044
Mother Mobile: -
der: Male
mmunity: General
ation: IUT Campus

COMMUNICATION DETAILS

manent Address		
ntry: India	**State:** Tripura	**District:** Khowai
o: H.No	**Locality:** NEAR TAT CHOWMUHANI	**Village/City:** AJAGARTILLA
code: 799201	**Tel: (R):** -	**(O)** -
lress for Communication		
ntry: India		
o: -	**Locality:** -	**Village/City:** -

The ICFAI University TRIPURA

ICFAI UNIVERSITY

Application No.

The ICFAI University, Tripura

IUTAH-823- **0302**

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- ☐ B.Sc (Dialysis Therapy Technology)
- ☐ B.Sc. (Cardiac Care Technology)
- ☐ B.Sc (Emergency Medical Technology)
- ☐ Bachelor in Health Information Management
- ☑ BMLT
- ☐ MMLT
- ☐ B.Sc (Dialysis Therapy Tech.) Lateral Entry
- ☐ B.Sc. (Cardiac Care Tech.) Lateral Entry
- ☐ B.Sc (Emergency Med. Tech.) Lateral Entry
- ☐ Bachelor in Health Information Management Lateral Entry
- ☐ BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. SURESHCHARKHIREANG

[redacted]

Gender : ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 15/05/2004 (D D / M M / Y Y Y Y) Blood Group ____ Mobile 9365976822

E-mail SURESHCHARKHIREANGBABA@GMAIL.COM

Parent's Name Mr./Ms. JATNAJOYREANG

Tel (Res) _____ (Mobile) 9366597682 Nationality INDIAN

Present Address MADHUCHANDRAPARA PO ANANDABAZAR
PS ANANDABAZAR DIST NORTH TRIPURA
CUBKCP TRIPURA 799271

Permanent Address MADHUCHANDRAPARA PO ANANDABAZAR
PS ANANDABAZAR DIST NORTH TRIPURA
SUBKCP TRIPURA 799271

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board / University	Medium of Instruction	Year of Passing	% of Marks / CGPA
X	ST. ARNOLD'S SCHOOL	AMBASSA	T.B.S.E	ENGLISH	2021	64.5%
XII	ST. ARNOLDS SCHOOL	AMBASSA	T.B.S.E	ENGLISH	2023	77.8%

Students Signature

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No: IUTAH-823- 0303

Please Tick (✓) the program you wish to enroll

- [ ] B.Sc (Dialysis Therapy Technology)
- [ ] B.Sc. (Cardiac Care Technology)
- [ ] B.Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [✓] BMLT
- [ ] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc. (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. RAMANI MOHAN REANG

Gender : [✓] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority [Please Tick any one(√)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 05/10/2002 (D D / M M / Y Y Y Y) Blood Group ____ Mobile 9863862525

E-mail RAMANIREANG02@GMAIL.COM

Parent's Name Mr./Ms. GANKIRAI REANG

Tel (Res) _____ (Mobile) 9863862525 Nationality INDIAN

Present Address KANGRAI PARA POKANGKAI PS KANCHANPUR DISTNORTH TRIPURA SUBDIV TRIPURA 799269

Permanent Address KANGRAI PARA POKANGKAI PS KANCHANPUR DISTNORTH TRIPURA SUBDIV TRIPURA 799269

3a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	ST. ARNOLD'S SCHOOL	AMBASSA	TBSE	ENGLISH	2017	61.6	
XII	ST. ARNOLD'S SCHOOL	AMBASSA	TBSE	ENGLISH	2023	71.6%	
Graduation							

Permanent Address KANGRAI PARA POKANGKAI PS KANCHANPUR

Photo Affix

ICFAI UNIVERSITY

Application No. 0304

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Please Tick (✓) the program you wish to enroll

- ☐ B.Sc (Dialysis Therapy Technology)
- ☐ B.Sc. (Cardiac Care Technology)
- ☐ B.Sc (Emergency Medical Technology)
- ☐ Bachelor in Health Information Management
- ☑ BMLT
- ☐ MMLT
- ☐ B.Sc (Dialysis Therapy Tech.) Lateral Entry
- ☐ B.Sc. (Cardiac Care Tech.) Lateral Entry
- ☐ B.Sc (Emergency Med. Tech.) Lateral Entry
- ☐ Bachelor in Health Information Management Lateral Entry
- ☐ BMLT Lateral Entry

1. NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. CHIRANJIT PAUL

Paste a recent color photograph of size 3.5 x 4.5 cms. The photograph must not be larger than this box. Do not sign on the photograph and do not staple

Gender : ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority [Please Tick any one(✓)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 02/04/2001 Blood Group ____ Mobile 7005848566

E-mail chiranjitpaul3688@gmail.com

Parent's Name Mr./Ms. PRADIP PAUL

Tel (Res) ____ (Mobile) 8132035566 Nationality INDIAN

Present Address VILL- PURBAKUNJABAN P.O- KALYANPUR

PS- KALYANPUR DIST- KHOWAI

KALYANPUR TRIPURA 799203

Permanent Address [illegible]

3 a. ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board / University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects
X	KHS	KALYANPUR	TBSE	Bengali	2017	64	
XII	KHSS	KALYANPUR	TBSE		2019	07	
Graduation							

The ICFAI UNIVERSITY TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

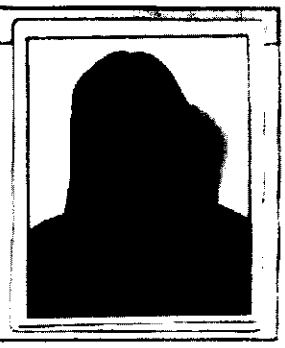
Application No. IUTAH-823- 0305

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- [ ] B.Sc (Dialysis Therapy Technology)
- [ ] B.Sc. (Cardiac Care Technology)
- [ ] B.Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [x] BMLT
- [ ] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc. (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

1. NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. SAMAIR TRIPURA

Gender : [ ] Male [x] Female [ ] Transgender

Whether You belong to [ ] SC [x] ST [ ] OBC [ ] Minority [Please Tick any one(√)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 04/02/2003 (D D / M M / Y Y Y Y) Blood Group AB+ Mobile 9362334323

E-mail TRIPURASAMAIR@GMAIL.COM

Parent's Name Mr./Ms. RAJ KISHORE TRIPURA

Tel (Res) _____ (STD Code) (Mobile) 9362334323 Nationality Indian

Present Address ABHOYNAGAR

AGARTALA TRIPURA 799005

(State)

Permanent Address CHANDIDAS PARA, BOAL KHALI

AGARTALA TRIPURA 799284

3. ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects Opted
X	M.T Girls H.S School	Agartala	TBSE	Bengali	2020	75.4	Science
Graduation	"	"	"	"	2022	66.8	

Bishnupada Roy.
(H20)

ICFAI UNIVERSITY

Application No
IUTAH-823- 0321

The ICFAI University, Tripura

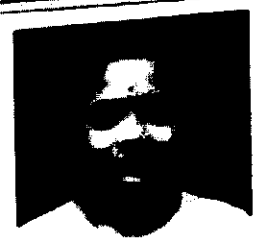
Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- ☐ *B.Sc (Dialysis Therapy Technology)*
- ☐ *B.Sc. (Cardiac Care Technology)*
- ☐ *B.Sc (Emergency Medical Technology)*
- ☐ *Bachelor in Health Information Management*
- ☑ *BMLT*
- ☐ *MMLT*
- ☐ *B.Sc (Dialysis Therapy Tech.) Lateral Entry*
- ☐ *B.Sc. (Cardiac Care Tech.) Lateral Entry*
- ☐ *B.Sc (Emergency Med. Tech.) Lateral Entry*
- ☐ *Bachelor in Health Information Management Lateral Entry*
- ☐ *BMLT Lateral Entry*

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. PRIYANKA SAHA

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 11/02/2005 Blood Group O+ Mobile 7627901588

E-mail psaha40118@gmail.com

Parent's Name Mr./Ms. Karuna Rani Saha

Tel (Res) _____ (Mobile) 8794850122 Nationality Indian

Present Address Sonamura Tamshabari Sonamura

PS-Sonamura. Dist-Sepahijala

Tripura 799131

Permanent Address Do

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	Sonamura Gdali H.S	Sonamura	TBSE	Bengali	2021	73.44	5nos
XII	"	"	"	"	2023	61.41	"
Graduation							

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 3(f) of UGC Act 1956

[redacted] 0322

Please submit the completed Application Form to University Campus
Agartala-Sonma Road PO Ramnagar Mohanpur Agartala 799 210 Tripura (West)

Please Tick (✓) the program you want to enroll

- B Sc (Dialysis Therapy Technology)
- B Sc (Cardiac Care Technology)
- B Sc (Emergency Medical Technology)
- Bachelor in Health Information Management
- ✓ BMLT
- AMLT
- B Sc (Dialysis Therapy Tech.) Lateral Entry
- B Sc (Cardiac Care Tech.) Lateral Entry
- B Sc (Emergency Med. Tech.) Lateral Entry
- Bachelor in Health Information Management Lateral Entry
- BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) (As it appears in the School Certificates)

Mr/Ms KHAFUR JAMATIA

Gender Male ✓ Female Transgender

Whether You belong to SC ST ✓ OBC Minority (Please Tick any one)

PERSONAL DETAILS (Use Capitals only)

Date of Birth 22022004 Blood Group A+ Mobile 8798152668

E-mail khafurjamatia5890@gmail.com

Parent's Name Mr/Ms BIKRAM SADHAN JAMATIA

Tel Res (Mobile) 8798152668 Nationality India

Present Address BRAJANANDA PARA SUBDIVISION-
FARBOOK DIST-SOUTH TRIPURA
TRIPURA 799127

Permanent Address BRAJANANDA PARA SUBDIVISION
FARBOOK
TRIPURA 799127

ACADEMIC RECORD SCHOOL / COLLEGE

Class	Name of the School	Board	Subject	Year
	EMRS	CBSE	English	2021
	EMRS	CBSE	English	2021

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Application No.

IUTAH-823- 0327

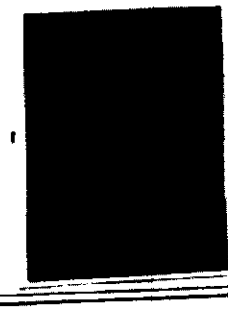
Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- ☐ B.Sc (Dialysis Therapy Technology)
- ☐ B.Sc. (Cardiac Care Technology)
- ☐ B.Sc (Emergency Medical Technology)
- ☐ Bachelor in Health Information Management
- ☑ BMLT
- ☐ MMLT
- ☐ B.Sc (Dialysis Therapy Tech.) Lateral Entry
- ☐ B.Sc. (Cardiac Care Tech.) Lateral Entry
- ☐ B.Sc (Emergency Med. Tech.) Lateral Entry
- ☐ Bachelor in Health Information Management Lateral Entry
- ☐ BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. BISHAKHA DHAR



Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☑ Minority [Please Tick any one(√)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 15/01/2005 (D D M M Y Y Y Y) Blood Group O+ Mobile 9366679283

E-mail bishakhadhar15@gmail.com

Parent's Name Mr./Ms. BHULU DHAR

Tel (Res) _____ (STD Code + Tel. No.) (Mobile) 9862352833 Nationality INDIAN

Present Address ONGC NETAJI NAGAR P.O- ONGC COLONY. P.S- AMTALI AGARTALA TRIPURA WEST. 799014 (State)

Permanent Address ONGC NETAJI NAGAR P.O- ONGC COLONY. P.S- AMTALI AGARTALA TRIPURA WEST. 799014

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks
Graduation	Sankaracharyya Vidya Mandir (Ramakrishna Mission Boys' Home H.S. School)	Nagpur	Board	Bengali	2021	57
	Bonhanghat H.S. School	S. Banglagarh	Board	Bengali	2023	

ICFAI UNIVERSITY TRIPURA

ICFAI UNIVERSITY

Application No.

The ICFAI University, Tripura

IUTAH-823- 0328

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- ☐ *B.Sc (Dialysis Therapy Technology)*
- ☐ *B.Sc. (Cardiac Care Technology)*
- ☐ *B.Sc (Emergency Medical Technology)*
- ☐ *Bachelor in Health Information Management*
- ☑ *BMLT*
- ☐ *MMLT*
- ☐ *B.Sc (Dialysis Therapy Tech.) Lateral Entry*
- ☐ *B.Sc. (Cardiac Care Tech.) Lateral Entry*
- ☐ *B.Sc (Emergency Med. Tech.) Lateral Entry*
- ☐ *Bachelor in Health Information Management Lateral Entry*
- ☐ *BMLT Lateral Entry*

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. PUJA DAS

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☑ SC ☐ ST ☐ OBC ☐ Minority [Please Tick any one(√)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 18/12/2005 (D D / M M / Y Y) Blood Group ____ Mobile 9362029638

E-mail pdas24282@gmail.com

Parent's Name Mr./Ms. KARUNAMOY DAS

Tel (Res) _____ (STD Code - Tel. No.) (Mobile) 9362029638 Nationality INDIA

Present Address VILL+P.O- JAGANNATHPUR

KAILASHAHAR TRIPURA 799260

(State)

Permanent Address _____

3. ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	JAGANNATHPUR High School	KAILASHAHAR	TBSE	BENGALI	2021	73.4%	
XII	DALU BON H.S SCHOOL	KAILASHAHAR	TBSE	BENGALI	2023	55%	SCIENCE
Graduation							

Sanjukta Saha
2810108000027
676
PAT CAMPUS
The ICFAI University Tripura.

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

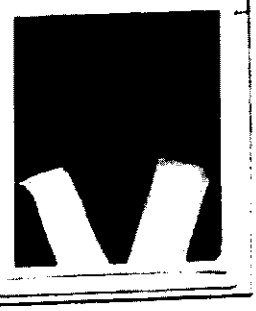
Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application No. IUTAH-823- 0337

Please Tick (✓) the program you wish to enroll

- ☐ B.Sc (Dialysis Therapy Technology)
- ☐ B.Sc. (Cardiac Care Technology)
- ☐ B.Sc (Emergency Medical Technology)
- ☐ Bachelor in Health Information Management
- ☑ BMLT
- ☐ MMLT
- ☐ B.Sc (Dialysis Therapy Tech.) Lateral Entry
- ☐ B.Sc. (Cardiac Care Tech.) Lateral Entry
- ☐ B.Sc (Emergency Med. Tech.) Lateral Entry
- ☐ Bachelor in Health Information Management Lateral Entry
- ☐ BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. SANGAYITA SEN

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 19/11/2004 (D D / M M / Y Y Y Y) Blood Group ____ Mobile 9362774226

E-mail ____

Parent's Name Mr./Ms. DILIP SEN Nationality INDIAN

Tel (Res) ____ (Mobile) ____

Present Address SAMARENDRAGENJ

ABASAROOM TRIPURA 799156

Permanent Address DO

T

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board / University	Medium of Instruction	Year of Passing	% of Marks / CGPA
X	SAMARENDRAGANJ	BELONIA	TBSC	BE	2021	83
XII	ARYYA COLONY	BELONIA	TBSC	BE	2023	62
Graduation						

The ICFAI University TRIPURA

ICFAI UNIVERSITY

Application No.

The ICFAI University, Tripura

IUTAH-823- 0341

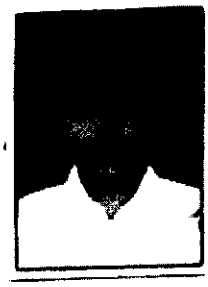
Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- [ ] B.Sc (Dialysis Therapy Technology)
- [ ] B.Sc. (Cardiac Care Technology)
- [ ] B.Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [✓] BMLT
- [ ] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc. (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

1 **NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]**



Mr./Ms. RISHA BHATTACHARJEE

Gender : [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [ ] OBC [ ] Minority [Please Tick any one(✓)]

2 **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 22/04/2005 Blood Group ____ Mobile 8011190832

E-mail bparimal97@gmail.com

Parent's Name Mr./Ms. PARIMAL BHATTACHARJEE

Tel (Res) ____ (Mobile) 8011190832 Nationality INDIAN

Present Address CHARGANKI KHOWAI TRIPURA

KHOWAI TRIPURA 799202

Permanent Address CHARGANKI KHOWAI TRIPURA.

KHOWAI TRIPURA 799202

3 **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks CGPA	Subjects covered
X	K.A.A. H.S	Khowai	TBSE	Bengali	2021	86.8	
XII	K.A.A. H.S	Khowai	TBSE	Bengali	2023	53.2	
Graduation							

The ICFAI University Tripura

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to University Campus,
Agartala-Simna Road, PO Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application No IUTAH-823- 0342

Please Tick (✓) the program you wish to enroll

- ___ B.Sc (Dialysis Therapy Technology)
- ___ B.Sc. (Cardiac Care Technology)
- ___ B.Sc (Emergency Medical Technology)
- ___ Bachelor in Health Information Management
- ✓ BMLT
- ___ MMLT
- ___ B.Sc (Dialysis Therapy Tech.) Lateral Entry
- ___ B.Sc (Cardiac Care Tech.) Lateral Entry
- ___ B.Sc (Emergency Med. Tech.) Lateral Entry
- ___ Bachelor in Health Information Management Lateral Entry
- ___ BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. BINOY RAM REANG

Gender : ✓ Male ___ Female ___ Transgender

Whether You belong to ___ SC ✓ ST ___ OBC ___ Minority [Please Tick any one]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 19051999 Blood Group _____ Mobile 7085706692

E-mail BINOYCHORKHY6@GMAIL.COM

Parent's Name Mr./Ms. KIRAN JOY REANG

Tel (Res) _____ (Mobile) 7085706692 Nationality INDIAN

Present Address SAMBAJOY PARA, JAGABANDHU PARA
DHALAI TRIPURA
AGARTALA TRIPURA 799284

Permanent Address SAMBAJOY PARA, JAGABANDHU PARA
GANDA TWISA, DHALAI, TRIPURA
AGARTALA TRIPURA 799284

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board / University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
10	ST Arnold High School	GandaTwisa	Tripura Board	English	2019	55%	
12	ST. Arnold H.S School	Ambassa.	" "	"	2022	80 %	
Graduation							

ICFAI UNIVERSITY

Application No.

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

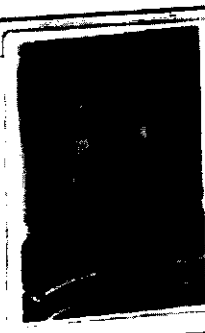
IUTAH-823- 0359

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- ☐ B.Sc (Dialysis Therapy Technology)
- ☐ B.Sc (Cardiac Care Technology)
- ☐ B.Sc (Emergency Medical Technology)
- ☐ Bachelor in Health Information Management
- ☑ BMLT
- ☐ MMLT
- ☐ B.Sc (Dialysis Therapy Tech.) Lateral Entry
- ☐ B.Sc. (Cardiac Care Tech.) Lateral Entry
- ☐ B.Sc (Emergency Med. Tech.) Lateral Entry
- ☐ Bachelor in Health Information Management Lateral Entry
- ☐ BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. NILADRI THAKURTA

Gender: ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 07/01/2005 Blood Group B+ Mobile 8729818676

E-mail THAKURTANILADRI@GMAIL.COM

Parent's Name Mr./Ms. PINAKI THAKURTA

Tel (Res) _____ (Mobile) 8729818676 Nationality INDIAN

Present Address EASTERN LANE OF MASTER PARA NEAR HINDUSTAN BAKERY GANGAIL ROAD AGARTALA TRIPURA 799001

Permanent Address EASTERN LANE OF MASTER PARA NEAR HINDUSTAN BAKERY GANGAIL ROAD AGARTALA TRIPURA 799001

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board / University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects Covered
X	P.V.M	AGARTALA	C.B.S.E	ENGLISH	2021	89%	
XII / Graduation	P.V.M	AGARTALA	C.B.S.E	ENGLISH	2023	77.8%	

The ICFAI University Tripura

Application No

IUTAH-823- 0362

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Please Tick (✓) the program you wish to enroll

- ☐ B.Sc (Dialysis Therapy Technology)
- ☐ B.Sc. (Cardiac Care Technology)
- ☐ B.Sc (Emergency Medical Technology)
- ☐ Bachelor in Health Information Management
- ☑ BMLT
- ☐ MMLT
- ☐ B.Sc (Dialysis Therapy Tech.) Lateral Entry
- ☐ B.Sc. (Cardiac Care Tech.) Lateral Entry
- ☐ B.Sc (Emergency Med. Tech.) Lateral Entry
- ☐ Bachelor in Health Information Management Lateral Entry
- ☐ BMLT Lateral Entry

1. **NAME OF THE APPLICANT (Use Capitals only) (As it appears in the School Certificates)**

Mr./Ms. NISHA BISWAS

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority [Please Tick any one(√)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 25/12/2005 Blood Group A+ Mobile 92 334 55044

E-mail SAMIRBISWAS2525@gmail.com

Parent's Name Mr./Ms. SAMIR BISWAS

Tel (Res) _____ (Mobile) 7630033931 Nationality Indian

Present Address VILL-NORTH JOLAIBARI

PO-JOLAIBARI

JOLAIBARI TRIPURA 799141

Permanent Address

3 a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects Opted
X	J. M.M Girls'	Jolaibari	TBSE	Bengali	2021	93.8	Eng, Math, Sc, Soc, Beng, [illegible]
XII	J. H/S School	DO	TBSE	Bengali	2023		
Graduation		Do					

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application No. IUTAH-823- 0363

Please Tick (✓) the program you wish to enroll

- ☐ B.Sc (Dialysis Therapy Technology)
- ☐ B.Sc. (Cardiac Care Technology)
- ☐ B.Sc (Emergency Medical Technology)
- ☐ Bachelor in Health Information Management
- ☑ BMLT
- ☐ MMLT
- ☐ B.Sc (Dialysis Therapy Tech.) Lateral Entry
- ☐ B.Sc. (Cardiac Care Tech.) Lateral Entry
- ☐ B.Sc (Emergency Med. Tech.) Lateral Entry
- ☐ Bachelor in Health Information Management Lateral Entry
- ☐ BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. RAIMA DEBBARMA

Gender: ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 13/06/2005 (D D / M M / Y Y Y Y) Blood Group A+ Mobile 9362347580

E-mail debbarmarai ma66@gmail.com

Parent's Name Mr./Ms. RINA DEBBARMA

Tel (Res) _____ (Mobile) _____ Nationality INDIAN

Present Address GOLAGHATI DROP GATE A.D NAGAR

AGARTALA TRIPURA 799003

Permanent Address GOLAGHATI

AGARTALA TRIPURA 799102

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks/ CGPA	Subjects covered
X	St. Paul School	Agartala	C.I.S.C.E	English	2021		
XII							
Graduation							

ICFAI UNIVERSITY

Application No.

The ICFAI University, Tripura

IUTAH-823- 0369

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mahanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- ☐ B.Sc (Dialysis Therapy Technology)
- ☐ B.Sc. (Cardiac Care Technology)
- ☐ B.Sc (Emergency Medical Technology)
- ☐ Bachelor in Health Information Management
- ☑ BMLT
- ☐ MMLT
- ☐ B.Sc (Dialysis Therapy Tech.) Lateral Entry
- ☐ B.Sc. (Cardiac Care Tech.) Lateral Entry
- ☐ B.Sc (Emergency Med. Tech.) Lateral Entry
- ☐ Bachelor in Health Information Management Lateral Entry
- ☐ BMLT Lateral Entry

1. NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. MARTINA DEBBARMA

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority [Please Tick any one(✓)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 16/03/2003 (D D M M Y Y Y Y) Blood Group O+ ve Mobile 8730067923

E-mail martinadebbarma0316@gmail.com

Parent's Name Mr./Ms. SAMBHU DEBBARMA

Tel (Res) _____ (Mobile) _____ Nationality INDIAN

Present Address HEMAN CHANDRA PARA

KHUMULWNG TRIPURA 799045

Permanent Address HEMAN CHANDRA PARA

KHUMULWNG TRIPURA 799045

3a. ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	Khumpui Academy	Khumulwng	TBSE	English	2019	48.6	
XII	Montfort H.S School	Champaknagar	CBSE	English	2021	57	
Graduation							

Dr. payel deb
(272)

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Application No. IUTAH-823- 0374

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- ☐ B.Sc (Dialysis Therapy Technology)
- ☐ B.Sc. (Cardiac Care Technology)
- ☐ B.Sc (Emergency Medical Technology)
- ☐ Bachelor in Health Information Management
- ☑ BMLT
- ☐ MMLT
- ☐ B.Sc (Dialysis Therapy Tech.) Lateral Entry
- ☐ B.Sc. (Cardiac Care Tech.) Lateral Entry
- ☐ B.Sc (Emergency Med. Tech.) Lateral Entry
- ☐ Bachelor in Health Information Management Lateral Entry
- ☐ BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. SHREYA BHOWMIK

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority [Please Tick any one(√)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 25/07/2004 (D D M M Y Y Y Y) Blood Group B+ Mobile 9612645629

E-mail bhowmikshreya256@gmail.com

Parent's Name Mr./Ms. SHIMALI KANTI BHOWMIK

Tel (Res) _____ (Mobile) 9862987446 Nationality Indian

Present Address SANTIRBAZAR SOUTH TRIPURA
MUNICIPAL COUNCIL WARD NO 09
SANTIRBAZAR TRIPURA 799149

Permanent Address SANTIRBAZAR SOUTH TRIPURA
MUNICIPAL COUNCIL WARD NO 09
SANTIRBAZAR TRIPURA 799149

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board / University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects
X	K.V. Bagafa	Sonamurazar	CBSE	English	2020	80	
XII	K.V. Bagafa	Sonamurazar	CBSE	English	2022	73	
Graduation							

ICFAI UNIVERSITY

Application No

The ICFAI University, Tripura

IUTAH-823- 0389

Approved by UGC under Section 3(f) of UGC Act 1956

Please submit the completed Application Form to University Campus,
Agartala Sabroom Road, Pty Kunjaban, Mohanpur Agartala 799 210, Tripura (West)

Please tick (✓) the programme you are interested.

- B.Sc (Cardiac Therapy Technology)
- B.Sc (Cardiac Care Technology)
- B.Sc (Emergency Medical Technology)
- Bachelor in Health Information Management
- ✓ BMLT
- MMLT
- B.Sc (Cardiac Therapy Tech.) Lateral Entry
- B.Sc (Cardiac Care Tech.) Lateral Entry
- B.Sc (Emergency Med. Tech.) Lateral Entry
- Bachelor in Health Information Management Lateral Entry
- BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

SANGHURIA DAS

Gender: Male / Female / Transgender

Whether Differently Abled: Yes / No Category: Nationality (Passport Copy to be attached):

PERSONAL DETAILS (Use Capitals only)

Date of Birth: 0 8 / 0 1 / 2 0 0 1 (dd/mm/yyyy) Mobile: 9 4 1 2 0 6 1 5 2 0

Email: SANGHURIADAS1122@GMAIL.COM

Parent's Name (Father/Mother): SUBRATA DAS

Religion: HINDU (Aadhar): 1005150212 Nationality: INDIAN

Present Address: VILL & P.O- FULBARI P.S- CHURAIBARI
DIST- NORTH TRIPURA PIN- 799255
NORTH TRIPURA TRIPURA 799255

Permanent Address: VILL & P.O- FULBARI
P.S. CHURAIBARI
DHARMANAGAR TRIPURA 799262

ACADEMIC RECORD: SCHOOL / COLLEGE

Exam	Name of the School	City	Board/University	Year of Passing	Subjects	Marks/Grade
10th	PRAMATILA H.S. (HS) STAGE	PRAMATILA	TBSE	2017	BENGALI	73%
12th	VIVEKANANDA H.S. (HS) STAGE SCHOOL	DALAMTILA	TBSE	2019	BENGALI	59%

The ICFAI University TRIPURA

ICFAI UNIVERSITY

Application No. IUTAH-823- 0391

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

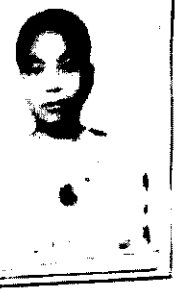
Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Please Tick (✓) the program you wish to enroll

- [ ] B.Sc (Dialysis Therapy Technology)
- [ ] B.Sc. (Cardiac Care Technology)
- [ ] B.Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [✓] BMLT
- [ ] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc. (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Ms. ELIZABETH MoLSOM



Gender : [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 03082004 Blood Group _____ Mobile 9362026919

E-mail ELIZABETH MoLSOM

Parent's Name Mr./Ms. RANGILA MoLSOM

Tel (Res) _____ (Mobile) 9362026414 Nationality Indian

Present Address VILL-MANYA KUMAR PARA PS-RAISHYABARI
GANDA CHARA TRIPURA 799104

Permanent Address VILL-MANYA KUMAR PARA PS-RAISHY
A BARI PO-RAIMA
GANDA CHARA TRIPURA 799104

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board / University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	RAISHYA BARI H.S	Raishyabari	TBSE		2021	56.2	
XII	RAISHYA BARI H.S	Raishyabari	TBSE		2023	49.8	
Graduation							

The ICFAI TRIPURA

ICFAI UNIVERSITY

Application No. 0437

IUTAH-823-

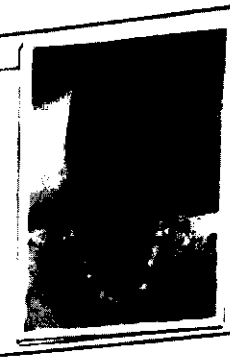
The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- ☐ B.Sc (Dialysis Therapy Technology)
- ☐ B.Sc. (Cardiac Care Technology)
- ☐ B.Sc (Emergency Medical Technology)
- ☐ Bachelor in Health Information Management
- ☑ BMLT
- ☐ MMLT
- ☐ B.Sc (Dialysis Therapy Tech.) Lateral Entry
- ☐ B.Sc. (Cardiac Care Tech.) Lateral Entry
- ☐ B.Sc (Emergency Med. Tech.) Lateral Entry
- ☐ Bachelor in Health Information Management Lateral Entry
- ☐ BMLT Lateral Entry



E OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Ms. ANWESHA RUDRA PAUL

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 01/01/2005 Blood Group B+ Mobile 6009566978

E-mail anweshapaul520@mail.com

Parent's Name Mr./Ms. KRIPENDRA RUDRA PAUL

Tel (Res) _____ (Mobile) 9862161819 Nationality INDIAN

Present Address WARD NO 32 KATASEOLA PRATAPGAR

AGARTALA WEST TRIPURA 799004

AGARTALA TRIPURA

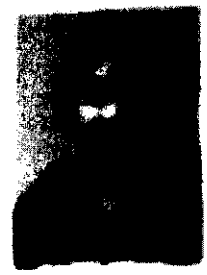
Permanent Address WARD NO 32 KATASEOLA PRATAPGAR

AGARTALA WEST TRIPURA 799004

AGARTALA TRIPURA

3 a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	R.K.V.M	AGARTALA	BOARD	BENGALI	2021	84%	
XII	M.D.M	AGARTALA	BOARD	BENGALI	2023	58%	
Graduation							



The ICFAI University
TRIPURA

Bairiswati Banik
6900 94 80661
City Office
The ICFAI University Tripura.

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

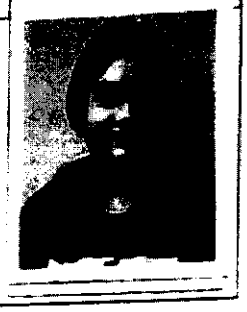
Application No. IUTAH-823- 0409

Please submit the completed Application Form to: University Campus, Agartala-Sinuna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- ☐ *B.Sc (Dialysis Therapy Technology)*
- ☐ *B.Sc. (Cardiac Care Technology)*
- ☐ *B.Sc (Emergency Medical Technology)*
- ☐ *Bachelor in Health Information Management*
- ☑ *BMLT*
- ☐ *MMLT*
- ☐ *B.Sc (Dialysis Therapy Tech.) Lateral Entry*
- ☐ *B.Sc. (Cardiac Care Tech) Lateral Entry*
- ☐ *B.Sc (Emergency Med. Tech.) Lateral Entry*
- ☐ *Bachelor in Health Information Management Lateral Entry*
- ☐ *BMLT Lateral Entry*

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. BAIRISWATI BANIK

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority [Please Tick any one(s)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 25/09/2004 (D D / M M / Y Y Y Y) Blood Group O+ve Mobile 9362053903

E-mail bhanaswatibanik08@gmail.com

Parent's Name Mr./Ms. SRI BIKEN BANIK

Tel (Res) _____ (STD Code - Tel No.) (Mobile) 9362053303 Nationality Indian

Present Address KUNJABAN COLONY 799005
UJAN ABHOYNAGAR PO-ABHOYNAGAR
AGARTALA TRIPURA (WEST)
State

Permanent Address KUNJABAN COLONY
UJAN ABHOYNAGAR PO-ABHOYNAGAR
AGARTALA TRIPURA (WEST) 799005
State

3. ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	HENRY DEROZIO ACADEMY	AGARTALA	TBSE	ENGLISH	2021	86.8%	
XII	HENRY DEROZIO ACADEMY	AGARTALA	CBSE	ENGLISH	2023	61.6%	
Graduation							

The ICFAI University Tripura

ICFAI UNIVERSITY

Application No IUTAH-023- 0439

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Please Tick (✓) the program you wish to enroll

- [ ] B.Sc (Dialysis Therapy Technology)
- [ ] B.Sc. (Cardiac Care Technology)
- [ ] B.Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [x] BMLT
- [ ] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc. (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

1. NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. SUSMITA BARMAN

Gender : [ ] Male [x] Female [ ] Transgender

Whether You belong to [x] SC [ ] ST [ ] OBC [ ] Minority [Please Tick any one(s)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 03052009 Blood Group B+ Mobile 9863703348

E-mail sb267961809@mail.com

Parent's Name Mr./Ms. UTTAM BARMAN Nationality INDIAN

Tel (Res) _____ (Mobile) 6009775614

Present Address AGARTALA JUGENDRANAGAR BIDYASAGAR ROAD

Permanent Address AGARTALA JUGENDRANAGAR BIDYASAGAR ROAD AGARTALA INDIA 799004

3a. ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board / University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	BUMBV M.G.M.H.S.S	AGARTALA	TBSC	Bengali	2021	75%	
XII		AGARTALA	TBSC	BENGALI	2023	52%	
Graduation							

THE ICFAI UNIVERSITY TRIPURA

ICFAI UNIVERSITY

Application No. IUTAH-823- 0452

The ICFAI University, Tripura

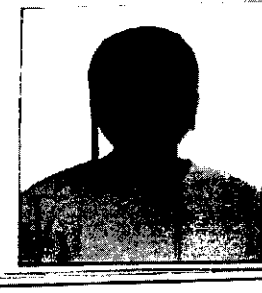
Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Please Tick (✓) the program you wish to enroll

- ☐ B.Sc (Dialysis Therapy Technology)
- ☐ B.Sc. (Cardiac Care Technology)
- ☐ B.Sc (Emergency Medical Technology)
- ☐ Bachelor in Health Information Management
- ☑ BMLT
- ☐ MMLT
- ☐ B.Sc (Dialysis Therapy Tech.) Lateral Entry
- ☐ B.Sc. (Cardiac Care Tech.) Lateral Entry
- ☐ B.Sc (Emergency Med. Tech.) Lateral Entry
- ☐ Bachelor in Health Information Management Lateral Entry
- ☐ BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. ✓ SAIBA DEBBARMA

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority [Please Tick any one(✓)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 11/12/2004 (D D / M M / Y Y Y Y) Blood Group ____ Mobile 8798554707

E-mail saibadebbarma96@gmail.com

Parent's Name Mr./Ms. ✓ SABUJ DEBBARMA

Tel (Res) ____ (STD Code / Tel. No.) (Mobile) 8787717098 Nationality INDIAN

Present Address +/00/+/ab/PERMANENT

City / State / Pin

Permanent Address RAMSANKAR PARA SIMNA

MOHANPUR WEST TRIPURA

MOHANPUR TRIPURA 799212

City / State

3 a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	EMRS	Khumlung	CBSE	English	2021	64	
XII	EMRS	"	CBSE	English	2023	67	
Graduation							

The ICFAI University Tripura

ICFAI UNIVERSITY

Application No.

IUTAH-823- 0454

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

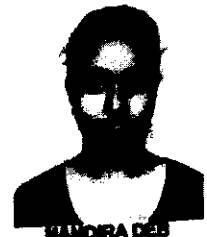
Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- ☐ B.Sc (Dialysis Therapy Technology)
- ☐ B.Sc. (Cardiac Care Technology)
- ☐ B.Sc (Emergency Medical Technology)
- ☐ Bachelor in Health Information Management
- ☑ BMLT
- ☐ MMLT
- ☐ B.Sc (Dialysis Therapy Tech.) Lateral Entry
- ☐ B.Sc. (Cardiac Care Tech.) Lateral Entry
- ☐ B.Sc (Emergency Med. Tech.) Lateral Entry
- ☐ Bachelor in Health Information Management Lateral Entry
- ☐ BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. MANDIRA DEB



Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 08/12/2006 Blood Group ____ Mobile 6009689920

E-mail debkamalikanta@gmail.com

Parent's Name Mr./Ms. KAMAL KANTA DEB

Tel (Res) ____ (Mobile) 9862431699 Nationality INDIAN

Present Address DHANANAGAR P/O-GOKULPUR UDAIPUR

GOMATI TRIPURA

799114

Permanent Address ---DO---

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	DON Bosco School	udaipur	CBSC	English	2021	67.2	
XII	Modern H.S School	Agartala	CBSC	English	2023		PCB
Graduation							

The ICFAI University TRIPURA

Priyali Remmy
22 IUT04BAOIG
(102)
...ity Tripura.

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Application No. IUTAH-823- **0463**

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- [ ] B.Sc (Dialysis Therapy Technology)
- [ ] B.Sc. (Cardiac Care Technology)
- [ ] B.Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [✓] BMLT
- [ ] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc. (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. MIKHAEL GURUM

Gender : [✓] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [ ] OBC [✓] Minority [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 20/02/2005 Blood Group O+ Mobile 8014859644

E-mail MIKHAELGURUM@GMAIL.COM

Parent's Name Mr./Ms. MANBAHADUR GURUM

Tel (Res) _____ (Mobile) 9862160153 Nationality INDIAN

Present Address NARAIFUNG DC PARA SANTIR BAZAR
SOUTH TRIPURA | PIN-799144
P.O+P.S SANTIR BAZAR SOUTH TRIPURA
State

Permanent Address NARAIFUNG DC PARA SANTIR BAZAR
SOUTH TRIPURA | PIN-799144
P.O+P.S SANTIR BAZAR SOUTH TRIPURA
State

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	K.V. BAGAFA	STB	CBSE	HINDI/ENG	2021	68%	
XII	K.V. BAGAFA	STB	CBSE	HINDI/ENG	2023	58.4	PCB
Graduation	-	-	-	-	-	-	-

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

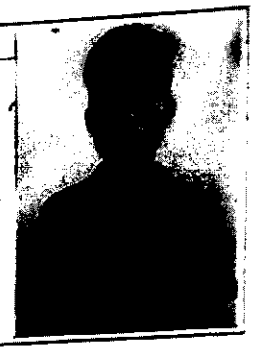
Application No. IUTAH-823- 0465

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- ☐ B.Sc (Dialysis Therapy Technology)
- ☐ B.Sc. (Cardiac Care Technology)
- ☐ B.Sc (Emergency Medical Technology)
- ☐ Bachelor in Health Information Management
- ☑ BMLT
- ☐ MMLT
- ☐ B.Sc (Dialysis Therapy Tech.) Lateral Entry
- ☐ B.Sc. (Cardiac Care Tech.) Lateral Entry
- ☐ B.Sc (Emergency Med. Tech.) Lateral Entry
- ☐ Bachelor in Health Information Management Lateral Entry
- ☐ BMLT Lateral Entry

1 NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. BIVEK JENGCHAM

Gender : ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority [Please Tick any one(✓)]

2 PERSONAL DETAILS (Use Capitals only)

Date of Birth 30 (D D) 08 (M M) 2004 (Y Y Y Y) Blood Group O+ Mobile 7085229554

E-mail BIVEKJENGCHAM79@GMAIL.COM

Parent's Name Mr./Ms. SUDHIR JENGCHAM

Tel (Res) _____ (STD Code) (Tel. No.) (Mobile) 8132975737 Nationality INDIAN

Present Address SOUTH DHUMACHERRA LTV DHALAI TRIPURA DHALAI TRIPURA 799275

Permanent Address SOUTH DHUMACHERRA LTV DHALAI TRIPURA DHALAI TRIPURA 799275

3 ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	Holy Cross H.S School	Dhalai	TBSE	English	2021	78.8	5
XII	Kendriya Vidyalaya	Unakoti	CBSE	English	2023	62.4	5
Graduation							

Bivek Jengcham

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Application No. IUTAH-823- 0486

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Please Tick (✓) the program you wish to enroll

- ☐ B.Sc (Dialysis Therapy Technology)
- ☐ B.Sc. (Cardiac Care Technology)
- ☐ B.Sc (Emergency Medical Technology)
- ☐ Bachelor in Health Information Management
- ☑ BMLT
- ☐ MMLT
- ☐ B.Sc (Dialysis Therapy Tech.) Lateral Entry
- ☐ B.Sc. (Cardiac Care Tech.) Lateral Entry
- ☐ B.Sc (Emergency Med. Tech.) Lateral Entry
- ☐ Bachelor in Health Information Management Lateral Entry
- ☐ BMLT Lateral Entry

1. **NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]**

Mr./Ms. APURBA MAJUMDER

Gender : ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☑ SC ☐ ST ☐ OBC ☐ Minority [Please Tick any one(s)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 26/06/2004 Blood Group A+ Mobile 8118928830

E-mail apurbamajumder8260@mail.com

Parent's Name Mr./Ms. PRADIP MAJUMDER

Tel (Res) _____ (Mobile) 7085691892 Nationality INDIAN

Present Address NORTH MUHURIPUR

SANTIRBAZAR TRIPURA 799142

Permanent Address DO

3a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	Barinjak Siksha Niketan	Sandhikaran	TBSE	Bengali	2021	75%	
XII	Baikhan F.M (H.S)	Sandhikaran	TBSE	Bengali	2023	48%	
Graduation							

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Application No. IUTAH-823- 0501

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- ☐ B.Sc (Dialysis Therapy Technology)
- ☐ B.Sc. (Cardiac Care Technology)
- ☐ B.Sc (Emergency Medical Technology)
- ☐ Bachelor in Health Information Management
- ☑ BMLT
- ☐ MMLT
- ☐ B.Sc (Dialysis Therapy Tech.) Lateral Entry
- ☐ B.Sc. (Cardiac Care Tech.) Lateral Entry
- ☐ B.Sc (Emergency Med. Tech.) Lateral Entry
- ☐ Bachelor in Health Information Management Lateral Entry
- ☐ BMLT Lateral Entry

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. SUMRIEL SINHA

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 08/01/2005 (D D M M Y Y Y Y) Blood Group O+ Mobile 9862518790

E-mail saptaksinha1975@gmail.com

Parent's Name Mr./Ms. SUKANTA SINHA

Tel (Res) _____ (STD Code Tel No) (Mobile) 9436183717 Nationality INDIAN

Present Address SAME AS PERMANENT

City State

Permanent Address VILL+PO GOLDHAR PUR PS KAILASHAH AR SUBDIVISION KAILASHAHAR UNAKOTI KAILASHAHAR TRIPURA 799277

City State

3/4a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	KV-Kailashahar	Kailashahar	CBSE	English	2021	80.4	
XII	KV-Kailashahar	Kailashahar	CBSE	English	2023	571.	
Graduation							

The ICFAI University Tripura

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Application No. IUTAH-823- **0513**

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- ☐ *B.Sc (Dialysis Therapy Technology)*
- ☐ *B.Sc. (Cardiac Care Technology)*
- ☑ *B.Sc (Emergency Medical Technology)*
- ☐ *Bachelor in Health Information Management*
- ☐ *BMLT*
- ☐ *MMLT*
- ☐ *B.Sc (Dialysis Therapy Tech.) Lateral Entry*
- ☐ *B.Sc. (Cardiac Care Tech.) Lateral Entry*
- ☐ *B.Sc (Emergency Med. Tech.) Lateral Entry*
- ☐ *Bachelor in Health Information Management Lateral Entry*
- ☐ *BMLT Lateral Entry*

1. **NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]**

Mr./Ms. PRANOY JAMATIA

Gender : ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority [Please Tick any one(√)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 04/12/2005 Blood Group ____ Mobile 9862551849

E-mail pranoyjamatia@gmail.com

Parent's Name Mr./Ms. JARI JAMATIA

Tel (Res) _____ (STD Code Tel. No) (Mobile) 9862551849 Nationality Indian

Present Address VILL-DINARAM PARA PO-RAIMA PS-RAISHYA BARI PIN-799104 GHANDACHERA TRIPURA

Permanent Address DO

3a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	Raisyabasi H/S School	Gandacherra	TBSE	Bengali	2021	55.5	5
XII	Raishya Basi H/S	"	TBSE	"	2023	50.9	5
Graduation							

ICFAI UNIVERSITY

Application No. IUTAH-823- **0516**

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Sonna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

IUT CAMPUS The ICFAI University Tripura

Please Tick (✓) the program you wish to enroll

- [ ] B.Sc (Dialysis Therapy Technology)
- [ ] B.Sc. (Cardiac Care Technology)
- [ ] B.Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [ ] BMLT
- [ ] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc. (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

1. **NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]**

Mr./Ms. UMESH JAMATIA

Gender : [ ] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority [Please Tick any one(✓)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 12/08/2005 Blood Group ____ Mobile 9362026392

E-mail umeshjamatia1@gmail.com

Parent's Name Mr./Ms. SUSMITA TRIPURA/JAMATIA

Tel (Res) _____ (Mobile) 9362026392 Nationality Indian

Present Address VILL-MANYA KUMAR PARA PO-RAIMA PS-RAISHYA BARI PIN-799104 GANDACHERA TRIPURA

Permanent Address DO

3 a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	Raishyabari H/S	Gandacherra	TBSE	English	2021	51.8	
XII	Raishyabari H/S	Gandacherra	TBSE	English	2023	46.6	
Graduation							

The ICFAI University Tripura

CAMPUS (823) ICFAI University Tripura.

ICFAI UNIVERSITY

Application No IUTAH-823- 0519

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- [ ] B.Sc (Dialysis Therapy Technology)
- [ ] B.Sc. (Cardiac Care Technology)
- [ ] B.Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [✓] BMLT
- [ ] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc. (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. TANISHA GHOSH

Gender : [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [✓] OBC [ ] Minority [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 25092004 Blood Group A+ Mobile 8837033353

E-mail ghoshtanisha999@gmail.com

Parent's Name Mr./Ms. TAPAN GHOSH

Tel (Res) _____ (Mobile) 9862972835 Nationality Hindu

Present Address KRISHNANAGAR BANERJEE PARA

THAKUR PALLI LANE

AGARTALA TRIPURA 799001

Permanent Address KRISHNANAGAR BANERJEE PARA

THAKUR PALLI LANE

AGARTALA TRIPURA 799001

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	M.T. Girls' H.S. School	Agartala	TBSE		2021	75%	All
XII	M.T. Girls' H.S. School	Agartala	TBSE		2023	62%	PCB

Graduation

The ICFAI University Tripura

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8419952006, Fax 0381-2865752/62

Application form

EDUCATION PROGRAMS

Courses offered:

BVLT

PERSONAL DETAILS

Admission Number: IUTAHSON-823-179
Student Name: VERONICA GAIKINGMEI GONMEI
(As per the 10+2 Certificate)
Father Name: TAHEN GONMEI
Date of Birth: 19/03/2004 | Mother Name: -
Identification Marks: | Blood Group: -
(As per the SSC Certificate)
1. -
2. -
Marital Status: Unmarried | Mother Tongue: -
SSC / X H.T.No: -
Nationality: Indian
Student Mobile: 9612604089 | Student E-mail: veronicagonmei379@gmail.com
Father Mobile: 8731088535 | Mother Mobile: -
Gender: Male
Community: ST
Location: Imphal

COMMUNICATION DETAILS

Permanent Address		
Country: India	State: Manipur	District: Kangpokpi (Sadar Hills)
H.No: H.No	Locality: NEW KEITHELMANBI	Village/City: MAHA KABUI NAMCHING VILLAGE
Pincode: 795113	Tel: (R): -	(O) -
Address for Communication		
Country: India		
H.No: -	Locality: -	Village/City: -

ICFAI UNIVERSITY TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8415952506, Fax 0381-2865752/62

Application form

EDUCATION PROGRAMS

Courses offered:

BMLT

PERSONAL DETAILS

Admission Number: IUTAHSON-823-180

Student Name: MARTINEZ WAHEGBAM

(As per the 10+2 Certificate)

Father Name: WAHENGBAM JAYENTA SINGH

Mother Name: -

Date of Birth: 12/03/2004

Blood Group: -

Identification Marks:

(As per the SSC Certificate)

1. -
2. -

Marital Status: Unmarried

Mother Tongue: -

SSC / X H.T.No: -

Nationality: Indian

Student Mobile: 9383217887

Student E-mail: martiwahengbam@gmail.com

Father Mobile: 7005576527

Mother Mobile: -

Gender: Female

Community: OBC

Location: Imphal

COMMUNICATION DETAILS

Permanent Address		
Country: India	**State:** Manipur	**District:** Bishnupur
H.No: H.No	**Locality:** THINUNGEI	**Village/City:** THIUNUNGEI SOROK MAPAL
Pincode: 795126	**Tel: (R):** -	**(O)** -
Address for Communication		
Country: India		

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Sirnna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUTAH-823- 0381

Please Tick (✓) the program you wish to enroll

- [ ] B Sc (Dialysis Therapy Technology)
- [ ] B Sc (Cardiac Care Technology)
- [ ] B Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [✓] BMLT
- [ ] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc. (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

1 **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. RAJ DEBBARMA

Gender : [✓] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority [Please Tick any one(s)]

2 **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 05.01.2005 Blood Group A+ve Mobile 8732015166

E-mail rajdebbarma943388@gmail.com

Parent's Name Mr./Ms. HEMENDRA DEBBARMA

Tel (Res) (Mobile) 8732015166 Nationality INDIAN

Present Address MAGAON KAMALPUR DHALI TRIPURA

KAMALPUR TRIPURA 799285

Permanent Address

KAMALPUR TRIPURA 799285

3a **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA
X	FULCHRI HIGH SK	KAMALPUR	TBSE	BNGL	2021	SE
XII	KAMALPUR HS SC	KAMALPUR	TBSE	BNGL	2023	52
Graduation						

ICFAI UNIVERSITY

Application No.

The ICFAI University, Tripura

IUTAH-823- 0440

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road PO Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Please Tick (✓) the program you wish to enroll

- [ ] B.Sc (Dialysis Therapy Technology)
- [ ] B.Sc (Cardiac Care Technology)
- [ ] B.Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [✓] BMLT
- [ ] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc. (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) (As it appears in the School Certificates)

Mr./Ms. BRISHTI SARKAR

Gender [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [ ] OBC [ ] Minority [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 18092003 Blood Group AB+ Mobile 8798895276

E-mail brishtisarkar1827@gmail.com

Parent's Name Mr./Ms. GURUPADA SARKAR

Tel (Res) (Mobile) 9436455552 Nationality INDIAN

Present Address COLLEGETILLA

AGARTALA TRIPURA 799004

Permanent Address COLLEGETILLA P.O-COLLEGETILLA

PS-COLLEGETILLA

AGARTALA TRIPURA 799004

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	P.V.M	Agartala	CBSE	English	2020	84.6%	
XII	P.V.M	Agartala	CBSE	English	2022	81.6%	
Graduation							

University TRIPURA

Siliguri DC
BHCL Scholarship 395
IUT CAMPUS
The ICFAI University Tripura.

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus,
Agartala-Simna Road, PO: Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application No. IUTAH-823- 0396

Please Tick ✓ the program you wish to enter

- [ ] B.Sc (Dialysis Therapy Technology)
- [ ] B.Sc. (Cardiac Care Technology)
- [x] B.Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [ ] BMLT
- [ ] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

1 NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. INDRANIL DAS

Gender : [x] Male [ ] Female [ ] Transgender

Whether You belong to [x] SC [ ] ST [ ] OBC [ ] Minority (Please Tick any one)

2 PERSONAL DETAILS (Use Capitals only)

Date of Birth 01042005 Blood Group B+ Mobile 8837087171

E-mail amaldas.thcl@gmail.com

Parent's Name Mr./Ms. AMAL CHANDRA DAS

Tel (Res) _____ (Mobile) 8787856258 Nationality INDIAN

Present Address VILL - DURGAPUR PO - RAJNAGAR PS - P. S. BARI

BELONIA TRIPURA 799150

Permanent Address -DO-

3 ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board* University	Medium of Instruction	Year of Passing	% of Marks	Subjects Offered
X	B.V.H.S. School		TBSE		2021	74.6%	
XII	B.H.S. School		TBSE		2023	44.6%	
Graduation							

The ICFAI University TRIPURA

ICFAI UNIVERSITY

Application No. IUTAH-823- 0252

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to University Campus, Agartala-Simna Road, PO Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- ☐ B.Sc (Dialysis Therapy Technology)
- ☐ B.Sc. (Cardiac Care Technology)
- ☐ B.Sc (Emergency Medical Technology)
- ☐ Bachelor in Health Information Management
- ☑ BMLT
- ☐ MMLT
- ☐ B.Sc (Dialysis Therapy Tech.) Lateral Entry
- ☐ B.Sc. (Cardiac Care Tech.) Lateral Entry
- ☐ B.Sc (Emergency Med. Tech.) Lateral Entry
- ☐ Bachelor in Health Information Management Lateral Entry
- ☐ BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. SATABDI MAJUMDER

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☑ SC ☐ ST ☐ OBC ☐ Minority [Please Tick any one(✓)]

2 **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 26/08/2005 Blood Group ____ Mobile 7085442635

E-mail majumdersatabdi81@gmail.com

Parent's Name Mr./Ms. ____

Tel (Res) ____ (Mobile) 8620677889 Nationality INDIAN

Present Address TARANI NAGAR

P.O. - UNAKOTI TRIPURA 799288

KUMARGHAT State

Permanent Address DO

City State

3 a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	Ekal Kendhanbari KS	Kendhanbari	TBSE	Bengali	2024	82%	
XII	D.S. C.M.H.S.S	4	"	"	2023	56.4%	
Graduation							

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 3(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus
Agartala Sonamura Road, Post Kamalghat, Mohanpur, Agartala 799 210, Tripura (West)

Application No.

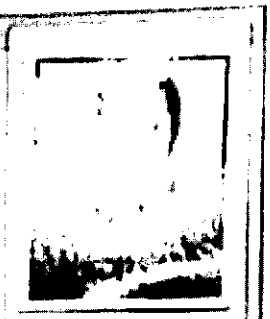
BUAH 023 0252

Please tick (✓) the program you wish to enroll

- [ ] B.Sc (Dialysis Therapy Technology)
- [ ] B.Sc (Cardiac Care Technology)
- [ ] B.Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [✓] BMLT
- [ ] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. SATABDI MAJUMDER



Gender [ ] Male [✓] Female [ ] Transgender

Whether You belong to [✓] SC [ ] ST [ ] OBC [ ] Minority [Please Tick any one (-)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 26/08/2005 Blood Group Mobile 7085441635

E-mail majumdersatabdi817@gmail.com

Parent's Name Mr./Ms.

Tel (Res) (Mobile) 8620677889 Nationality INDIAN

Present Address TARANI NAGAR

DSP-UNAKOTI

KUMARGHAT TRIPURA 799128

Permanent Address DO

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
	Fazl Kawsharbari HS	Kawsharbari	TBSE	Bengali	2024	82.4%	
II graduation	D.S.C.M.H.S.S	"	"	"	2023	56.4%	

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus.
Agartala-Simna Road, PO. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUTAH-823- 0031

Please Tick (✓) the program you wish to enroll

- [ ] B.Sc (Dialysis Therapy Technology)
- [x] B.Sc. (Cardiac Care Technology)
- [ ] B.Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [ ] BMLT
- [ ] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc. (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. MANASH PRATIM DEKA

Gender : [x] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [ ] OBC [ ] Minority [Please Tick any one(✓)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 14092004 Blood Group O+ Mobile 9678598777

E-mail MANASHPRATIMDEKA16@GMAIL.COM

Parent's Name Mr./Ms. BHUPEN DEKA

Tel (Res) _____ (Mobile) 8638761925 Nationality INDIAN

Present Address VILL: PANARA PO: DAGAON
PS: RANGIA DIST: KAMRUP
ASSAM 781380

Permanent Address DO

3a **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board / University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects Studied
X	C.S. NIKETAN	PANARA	SEBA	Assamese	2021	69.6	
XII (Graduation)	EINSTEIN ACADEMY	BARNALI	AHSEC	ENGLISH	2023		

ICFAI UNIVERSITY

Application No.

The ICFAI University, Tripura

IUTAH-823- 0258

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- ☐ *B.Sc (Dialysis Therapy Technology)*
- ☑ *B.Sc. (Cardiac Care Technology)*
- ☐ *B.Sc (Emergency Medical Technology)*
- ☐ *Bachelor in Health Information Management*
- ☐ *BMLT*
- ☐ *MMLT*
- ☐ *B.Sc (Dialysis Therapy Tech.) Lateral Entry*
- ☐ *B.Sc. (Cardiac Care Tech.) Lateral Entry*
- ☐ *B.Sc (Emergency Med. Tech.) Lateral Entry*
- ☐ *Bachelor in Health Information Management Lateral Entry*
- ☐ *BMLT Lateral Entry*

1. **NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]**

Mr./Ms. ADITI GOPE

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority [Please Tick any one(√)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 16/03/2005 (D D / M M / Y Y Y Y) Blood Group ___ Mobile 6009222803

E-mail mihaiamideb barman@gmail.com

Parent's Name Mr./Ms. GOUTAM GOPE

Tel (Res) ___ (STD Code Tel No.) (Mobile) 6009222803 Nationality HINDU

Present Address GANKI KHOWAI TRIPURA

KHOWAI TRIPURA 799201

Permanent Address GANKI KHOWAI TRIPURA

KHOWAI TRIPURA 799201

3 a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	AMS KGEMHSS	Khowai	TBSE	English	2021	62%	
XII		Khowai	CBSE	English	2023	62%	PCB
Graduation							

Photo Not A.

Aiyendu Bikash
21IUT0150037 - Majumder
(425)

ICFAI UNIVERSITY

[redacted] 318

The ICFAI University, Tripura

IUTA!

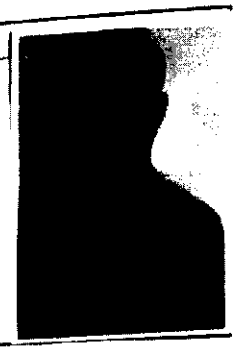
Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus,
Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- [ ] B.Sc (Dialysis Therapy Technology)
- [x] B.Sc (Cardiac Care Technology)
- [ ] B.Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [ ] BMLT
- [ ] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc. (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. Akash Debbarma

Gender : [x] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [x] ST [ ] OBC [ ] Minority [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 02092004 Blood Group A+ Mobile 8414975459

E-mail

Parent's Name Mr./Ms. Kapil Debbarma

Tel (Res) (Mobile) Nationality

Present Address Agartala South Bamutia Tripura
Pin-799001

Permanent Address Jirania Village-Aishya Bari
P.O-NIT P.S-Jirania Pin-799046

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board / University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	Vivekanda (H.S)	Agartala	TBSE	Bengali	2021	84.6	5
XII	Nehru (H.S)	Agartala	TBSE	"	2023	51%	
Graduation							

The ICFAI University TRIPURA

Twimuk D/B
22/07/2003
(430)

ICFAI UNIVERSITY

Application No.

The ICFAI University, Tripura

IUTAH-823- 0324

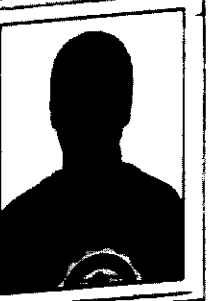
Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Sinma Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Please Tick (✓) the program you wish to enroll

- ☐ B.Sc (Dialysis Therapy Technology)
- ☑ B.Sc. (Cardiac Care Technology)
- ☐ B.Sc (Emergency Medical Technology)
- ☐ Bachelor in Health Information Management
- ☐ BMLT
- ☐ MMLT
- ☐ B.Sc (Dialysis Therapy Tech.) Lateral Entry
- ☐ B.Sc. (Cardiac Care Tech.) Lateral Entry
- ☐ B.Sc (Emergency Med. Tech.) Lateral Entry
- ☐ Bachelor in Health Information Management Lateral Entry
- ☐ BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. PAYEL MARAK

Gender: ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority [Please Tick any one(√)]

2 PERSONAL DETAILS (Use Capitals only)

Date of Birth 28/09/2003 Blood Group O+ Mobile 9863116079

E-mail pmarak830@gmail.com

Parent's Name Mr./Ms. PIPUL MARAK Nationality Indian

Tel (Res) _____ (Mobile) 9436713674

Present Address ~~AD NAGAR~~ AD NAGAR

AGARTALA TRIPURA 799003

Permanent Address LALCHARI

AMBASSA TRIPURA 799289

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	ST. Arnold's	Ambassa	TBSE	English	2020	49.2%	PCMBE
XII	ST. Paul's	Agartala	ISC	English	2022	56%	
Graduation							

The ICFAI University TRIPURA

BBA.LLB 3rd year.
Shayan Chanda
20IUTB110058.
7085206479

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Application No. IUTAH-823- 0331

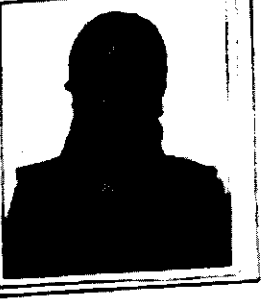
Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Please Tick (✓) the program you wish to enroll

- ☐ B.Sc (Dialysis Therapy Technology)
- ☑ B.Sc. (Cardiac Care Technology)
- ☐ B.Sc (Emergency Medical Technology)
- ☐ Bachelor in Health Information Management
- ☐ BMLT
- ☐ MMLT
- ☐ B.Sc (Dialysis Therapy Tech.) Lateral Entry
- ☐ B.Sc. (Cardiac Care Tech.) Lateral Entry
- ☐ B.Sc (Emergency Med. Tech.) Lateral Entry
- ☐ Bachelor in Health Information Management Lateral Entry
- ☐ BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. SUSMITA CHANDA



Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 10/02/2005 (D D M M Y Y Y Y) Blood Group B+ Mobile 8974848611

E-mail susmitachanda1929@gmail.com

Parent's Name Mr./Ms. Santosh Chanda

Tel (Res) _____ (Mobile) 8974848611 Nationality HINDHU.

Present Address KAMALGHAT
P.O- KAMALGHAT. PS- LEFUNGA.
MOHONPUR TRIPURA 799210

Permanent Address DHUMACHERRA
P.O- DHUMACHERRA. PS- DHUMACHERRA.
DIST- UNAKOTI TRIPURA 799275.

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks CGPA	Subjects covered
X	Dhaku Twisa. Kamalghat H.S School.	D.M.C Mohanpur	TBSE TBSE	Bengali Bengali	2020 2023	60 % 45.27	5th. 5th

(Gourav D/N. IUTOA40018. (460))

ICFAI UNIVERSITY

Application No. IUTAH-823- 0335

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Please Tick (✓) the program you wish to enroll

- [ ] B.Sc (Dialysis Therapy Technology)
- [✓] B.Sc (Cardiac Care Technology)
- [ ] B.Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [ ] BMLT
- [ ] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

1. NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. PRIYA DEBNATH

Gender : [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [✓] OBC [ ] Minority [Please Tick any one(s)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 28/2/2005 Blood Group O+ Mobile 8974345406

E-mail Samadebnath014@gmail.com

Parent's Name Mr./Ms. SAMAR DEBNATH Nationality INDIAN

Tel (Res) (Mobile) 8974345406

Present Address SANTIR BAZAR POST OFFICE RK GANJ

SANTIR BAZAR TRIPURA 799144

Permanent Address SANTIR BAZAR POST OFFICE RK GANJ

SANTIR BAZAR TRIPURA 799144

3a. ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board / University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	Santir Bazar High S.S. School	Santir Bazar	TBSC	Bengali	2021	71.8	5
XII	Santir Bazar Higher Secondary School	Santir Bazar	TBSC	Bengali	2023	52.6	5
Graduation							

CUT HERE

The ICFAI University Tripura

ICFAI UNIVERSITY

Application No

The ICFAI University, Tripura

IUTAH-823- 0350

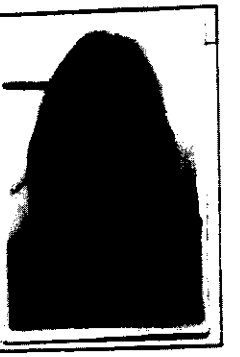
Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- ☐ B.Sc (Dialysis Therapy Technology)
- ☑ B.Sc. (Cardiac Care Technology)
- ☐ B.Sc (Emergency Medical Technology)
- ☐ Bachelor in Health Information Management
- ☑ BMLT
- ☐ MMLT
- ☐ B.Sc (Dialysis Therapy Tech.) Lateral Entry
- ☐ B.Sc. (Cardiac Care Tech.) Lateral Entry
- ☐ B.Sc (Emergency Med. Tech.) Lateral Entry
- ☐ Bachelor in Health Information Management Lateral Entry
- ☐ BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. RIMI DEBBARMA

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 09/07/2005 Blood Group A+ Mobile 8415981044

E-mail rimidebbarma2018@gmail.com

Parent's Name Mr./Ms. SUNIL DEBBARMA

Tel (Res) _____ (Mobile) 7005568355 Nationality INDIAN

Present Address SADHIRAM THAKUR PARA

PO- WAKHI NAGAR PS- MANDAI

AGARTALA TRIPURA 799035

Permanent Address SADHIRAM THAKUR PARA

AGARTALA TRIPURA 799035

3 a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	Auxilium Girls School	Agartala	CBSE	English	2021	79%	
XII	Assam Rifle School	Agartala	CBSE	English	2023	64.2%	
Graduation							

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

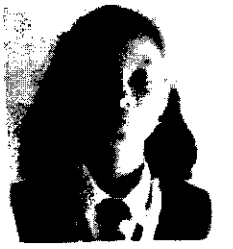
Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUTAH-823- 0357

Please Tick (✓) the program you wish to enroll

- [ ] B.Sc (Dialysis Therapy Technology)
- [✓] B.Sc (Cardiac Care Technology)
- [ ] B.Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [ ] BMLT
- [ ] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

1. **NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]**



Mr./Ms. LAIJINGLEMBI LAISHRAM

Gender: [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [✓] OBC [ ] Minority [Please Tick any one(✓)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 23/2/2006 Blood Group ____ Mobile 6909630097

E-mail ____

Parent's Name Mr./Ms. LAISHRAM SANTAJIT SINGH

Tel (Res) ____ (Mobile) 8787612505 Nationality Indian

Present Address ICFAI UNIVERSITY, TRIPURA

AGARTALA TRIPURA 799210

Permanent Address HARINAGAR, HILGHAT, GULKRTHOL

IMPHAL EAST, MANIPUR

JIRIBAM MANIPUR 795115

3a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board/ University	Medium of Instruction	Year of Passing	% of Marks/ CGPA	Subjects covered
X	R.K.S.V.J.M	JIRIBAM	CBSE	Eng	2021		
XII	R.K.S.V.J.M	JIRIBAM	CBSE	Eng	2023		
Graduation							

The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

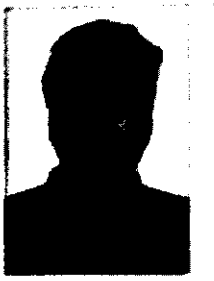
Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

UJTAH-B22 0378

Please Tick (✓) the programme you wish to enroll

- ☐ B.Sc (Dialysis Therapy Technology)
- ☑ B.Sc (Cardiac Care Technology)
- ☐ B.Sc (Emergency Medical Technology)
- ☐ Bachelor in Health Information Management
- ☐ BMLT
- ☐ MMLT
- ☐ B.Sc (Dialysis Therapy Tech.) Lateral Entry
- ☐ B.Sc (Cardiac Care Tech.) Lateral Entry
- ☐ B.Sc (Emergency Med. Tech.) Lateral Entry
- ☐ Bachelor in Health Information Management Lateral Entry
- ☐ BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) (As it appears in the School Certificates)



Mr./Ms. ARGHYADEEP SAHA

Gender : ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority (Please Tick ✓ the appropriate)

PERSONAL DETAILS (Use Capitals only)

Date of Birth 23072004 Blood Group A +Ve Mobile 9863555902

E-mail arghyadeepsaha.mlt86@gmail.com

Parent's Name Mr./Ms. AMIT SAHA

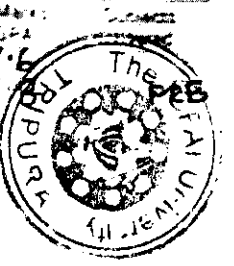
Tel (Res) _____ (Mobile) 9383269885 Nationality INDIAN

Present Address SON OF AMIT SAHA & PIYALI SAHA
NEAR MELAGHAR FIRE SERVICE STATION
MELAGHAR TRIPURA 799115

Permanent Address SON OF AMIT SAHA & PIYALI SAHA
NEAR MELAGHA FIRE SERVICE STATION
MELAGHAR TRIPURA 799115

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board / University	Medium	Year	% Marks / CGPA	Subjects
	R.K.S.T. Melaghar H.S.	Melaghar	TBSE	BENGALI	2021	87.6	
	"	"	"	"	2023	67.2	PCB



ICFAI UNIVERSITY

Application No. 0382

IUTAH-823-

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

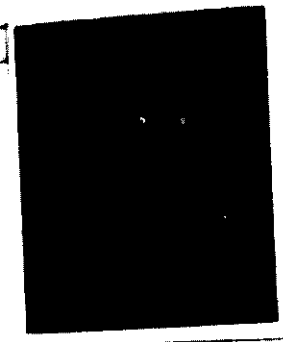
Please submit the completed Application Form to University Campus,
Agartala Sonna Road, PO Kamalghat, Mohanpur, Agartala 799 210, Tripura (West)

Please Tick (✓) the program you wish to enroll

- [ ] B.Sc (Dialysis Therapy Technology)
- [✓] B.Sc (Cardiac Care Technology)
- [ ] B.Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [ ] RMLT
- [ ] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] RMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. ARKADHARI BASAK



Gender: [✓] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [ ] OBC [ ] Minority [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 01012005 Blood Group -IO(+) Mobile 9612942020

E-mail PALTAN21@GMAIL.COM

Parent's Name Mr./Ms. LT. ASIS BASAK

Tel (Res) _____ (Mobile) 9612942020 Nationality INDIAN

Present Address KANCHANBARI KUMARGHAT UMAKOTI
799288 TRIPURA

Permanent Address SAME

3a. ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	DSCM H.S. School	Kumarghat	TBSE	Bengali	2021	72.4	5
XII	do	do	do	"	2023	69.6	5
Graduation							

The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Application No. IUTAH-823- 0330

Please submit the completed Application Form to: University Campus, Agartala Sonna Road, PO Kunjaban, Mohanpur, Agartala 799 210, Tripura (West)

Please Tick (✓) the program you wish to enroll

- [ ] B Sc (Dialysis Therapy Technology)
- [✓] B Sc (Cardiac Care Technology)
- [ ] B Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [ ] BMLT
- [ ] MMLT
- [ ] B Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B Sc (Cardiac Care Tech.) Lateral Entry
- [ ] B Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) (As it appears in the School Certificates)

Mr./Ms. SWARNITA BAHA

Gender: [ ] Male [✓] Female [ ] Transgender

Whether You belong to: [ ] SC [ ] ST [ ] OBC [ ] Minority (Please Tick any one(✓))

2 PERSONAL DETAILS (Use Capitals only)

Date of Birth 21/2/2003 Blood Group B(-) Mobile 9366225902

Email swarnitabaha7@gmail.com

Parent's Name Mr./Ms. BANJIT BAHA

Tel (Res) _____ (Mobile) 9862775935 Nationality INDIAN

Present Address VIL: PATUNAGAR PO: DURJOYNAGAR

PS: AIRPORT

AGARTALA WEST TRIPURA 799009

Permanent Address _____

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board / University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
12th	Netaji Nagar Sandhir	Agartala	TBSE		2019-2020	66.2%	
10th	Netaji Nagar H.S.	Agartala	TBSE		2021-2022	60.8%	

The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Application No. IUTAH-823- 0405

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- ☐ *B.Sc (Dialysis Therapy Technology)*
- ☑ *B.Sc. (Cardiac Care Technology)*
- ☐ *B.Sc (Emergency Medical Technology)*
- ☐ *Bachelor in Health Information Management*
- ☐ *BMLT*
- ☐ *MMLT*
- ☐ *B.Sc (Dialysis Therapy Tech.) Lateral Entry*
- ☐ *B.Sc. (Cardiac Care Tech.) Lateral Entry*
- ☐ *B.Sc (Emergency Med. Tech.) Lateral Entry*
- ☐ *Bachelor in Health Information Management Lateral Entry*
- ☐ *BMLT Lateral Entry*

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. ANESHA DATTA

Gender : ☐ Male ■ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority [Please Tick any one(√)] UR

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 19/08/2005 Blood Group B+ve Mobile 7085966148

E-mail narayandatta444@gmail.com

Parent's Name Mr./Ms. NARAYAN DATTA

Tel (Res) _____ (Mobile) 9612232446 Nationality INDIAN

Present Address 79 TILLA MAITRI PALLI

P.O:-KUNJABAN AGARTALA WEST TRIPURA

AGARTALA TRIPURA 799006

Permanent Address 79 TILLA MAITRI PALLI

P.O:-KUNJABAN AGARTALA WEST TRIPURA

AGARTALA TRIPURA 799006

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	KV Kunjaban	Agartala	CBSE	English	2021	90.6%	
XII	KV Kunjaban	Agartala	CBSE	English	2023	79.4%	
Graduation							

ICFAI UNIVERSITY

Application No

The ICFAI University, Tripura

IUTAH-823- 0438

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to University Campus,
Aparlata-Simna Road, PO: Kamalghat, Mantripur, Agartala, PIN 210, Tripura (West)

Please Tick (✓) the program you wish to enroll

- [ ] B.Sc (Dialysis Therapy Technology)
- [x] B.Sc. (Cardiac Care Technology)
- [ ] B.Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [ ] BMLT
- [ ] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

1. NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. SURANJALI CHOUDHURY

Gender : [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [ ] OBC [ ] Minority [Please Tick any one(s)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 17/03/2004 Blood Group O+ Mobile 9863775772

E-mail suranjalichoudhury111@gmail.com

Parent's Name Mr./Ms. SUBHRANSU CHOUDHURY

Tel (Res) 0381-2306953 (Mobile) 9774130987 Nationality Indian (INDIAN)

Present Address KALYANI WATER SUPPLY ROAD
P.O:- AGARTALA COLLEGE
AGARTALA TRIPURA 799004

Permanent Address KALYANI WATER SUPPLY ROAD

3a. ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	RKVVM	AGARTALA	TBSE	BENGALI	2021	78.2%	
XII	RKVVM	AGARTALA	TBSE	BENGALI	2023	53.6%	
Graduation							

ICFAI UNIVERSITY

The ICFAI University, Tripura

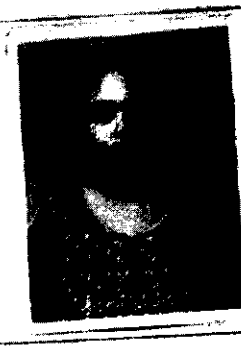
Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to University Campus
Agartala-Sonna Road, P.O. Kamalghat, Mahanpur, Agartala 799 210, Tripura (West)

Application No. UIAH/B23/1143

Please Tick (✓) the program you wish to enroll

- [ ] B.Sc (Dialysis Therapy Technology)
- [✓] B.Sc. (Cardiac Care Technology)
- [ ] B.Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [ ] BMLT
- [ ] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry



NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. RESHMI DEBNATH

Gender: [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [✓] OBC [ ] Minority [Please Tick any one]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 14/12/2004 (D D M M Y Y Y Y) Blood Group A+ Mobile 7085260378

E-mail RESHMIDEBNATH5341@GMAIL.COM

Parent's Name Mr./Ms. SANKAR DEBNATH

Tel (Res) _____ (Mobile) 9366135781 Nationality INDIAN

Present Address RABINDRA NAGAR
AGARTALA TRIPURA 799004

Permanent Address RABINDRA NAGAR
AGARTALA TRIPURA 799004

3 a. ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	S.P.V H/S School	AGARTALA	TBSE	Bengali	2021	72%	
XII	M.G.M H/S School	AGARTALA	TBSE	Bengali	2023	57%	
Graduation							

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUTAH-823- 0462

Please Tick (✓) the program you wish to enroll

- [ ] B.Sc (Dialysis Therapy Technology)
- [x] B.Sc. (Cardiac Care Technology)
- [ ] B.Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [ ] BMLT
- [ ] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc. (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

1. **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. SARMISTHA DEBBARMA

Gender : [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority [Please Tick any one(√)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 02/02/2004 Blood Group _____ Mobile _____

E-mail sarmisthadebbarma520@gmail.com

Parent's Name Mr./Ms. Parshuram Debbarma

Tel (Res) _____ (Mobile) 9366009531107 Nationality Indian

Present Address Champilai P/O Chakmaghat P/S-Mungiakami TRIPURA 799205

Permanent Address Champilai P/O Chakmaghat Tripura 799205

3a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	Standard Eng. School	Agartala	CBSE	English	2021	52	5
XII	Montfort School	Champaknagar	CBSE	English	2023	52.	5
Graduation							

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

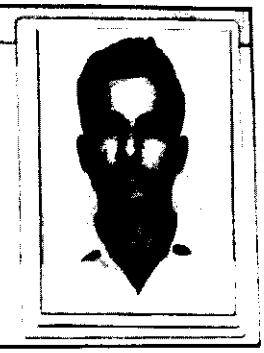
Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUTAH-823- 0510

Please Tick (✓) the program you wish to enroll

- ☐ B.Sc (Dialysis Therapy Technology)
- ☑ B.Sc. (Cardiac Care Technology)
- ☐ B.Sc (Emergency Medical Technology)
- ☐ Bachelor in Health Information Management
- ☐ BMLT
- ☐ MMLT
- ☐ B.Sc (Dialysis Therapy Tech.) Lateral Entry
- ☐ B.Sc. (Cardiac Care Tech.) Lateral Entry
- ☐ B.Sc (Emergency Med. Tech.) Lateral Entry
- ☐ Bachelor in Health Information Management Lateral Entry
- ☐ BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. SUBHADEEP DEBNATH

Gender : ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority [Please Tick any one(✓)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 06/05/2004 (D D M M Y Y Y Y) Blood Group A +ve Mobile 9366947824

E-mail msubha1314@gmail.com

Parent's Name Mr./Ms. SUJIT DEBNATH

Tel (Res) _____ (Mobile) 7628997297 Nationality Indian

Present Address Vill+P.O+P.S-SALEMA, Sub. Div.-KAMALPUR, DIST-DHALAI

KAMALPUR TRIPURA PIN-799278

Permanent Address "

P.O

3a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	Solgmu School Class XII	Kamalpur	TBSE	Bengali	2020	74	
XII	Solgmu school Class XII	Kamalpur.	TBSE	Bengali	2022	81.67	
Graduation							

The ICFAI University TRIPURA

ICFAI UNIVERSITY

Application No. 0502

The ICFAI University, Tripura

IUTAH-823-

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to University Campus,
Agartala Sonna Road, PO Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Please Tick (✓) the program you wish to enroll

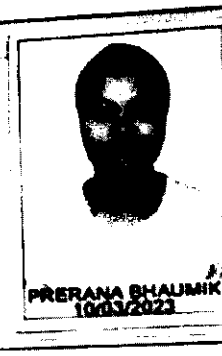
- [ ] B Sc (Dialysis Therapy Technology)
- [✓] B Sc (Cardiac Care Technology)
- [ ] B Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [ ] BMLT
- [ ] MMLT
- [ ] B Sc (Dialysis Therapy Tech) Lateral Entry
- [ ] B Sc (Cardiac Care Tech) Lateral Entry
- [ ] B Sc (Emergency Med Tech) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

1 **NAME OF THE APPLICANT** (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. ✓ PRERANA BHAUMIK

Gender [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [✓] OBC [ ] Minority [Please Tick any one(✓)]



2 **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 31/05/2003 Blood Group O+VE Mobile 7630675370

E-mail preranabhaumik1@gmail.com

Parent's Name Mr./Ms. ✓ CHANDAN KUMAR BHAUMIK

Tel (Res) _____ (Mobile) 9862727848 Nationality INDIAN.

Present Address JOYNAGAR NEAR UPANDRABHI DHAVABAN

AGARTALA TRIPURA 799001

Permanent Address

AGARTALA TRIPURA 799001

3 a. **ACADEMIC RECORD: SCHOOL / COLLEGE** ✓

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	HEAVY people Academy	AGARTALA	TBSC	ENGLISH	2020	68.10	PCB
XII	Tripura Bharatiya Vidya Mandir	AGARTALA	CBSC	ENGLISH	2022	71%	PCB
Graduation							

The ICFAI University TRIPURA

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Application No. IUTAH-823- 0506

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- ☐ *B.Sc (Dialysis Therapy Technology)*
- ☑ *B.Sc. (Cardiac Care Technology)*
- ☐ *B.Sc (Emergency Medical Technology)*
- ☐ *Bachelor in Health Information Management*
- ☐ *BMLT*
- ☐ *MMLT*
- ☐ *B.Sc (Dialysis Therapy Tech.) Lateral Entry*
- ☐ *B.Sc. (Cardiac Care Tech.) Lateral Entry*
- ☐ *B.Sc (Emergency Med. Tech.) Lateral Entry*
- ☐ *Bachelor in Health Information Management Lateral Entry*
- ☐ *BMLT Lateral Entry*

1. **NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]**

Mr./Ms. CHAYNIKA DEBNATH

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority [Please Tick any one(✓)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 08/01/2005 (D D M M Y Y) Blood Group ____ Mobile 9612222286

E-mail sjmtui9f6dn@gmail.com

Parent's Name Mr./Ms. SINTU DEBNATH

Tel (Res) _____ (STD Code) (Mobile) _____ Nationality INDIAN

Present Address NUTAN NAGAR

AGARTALA TRIPURA 799009

Permanent Address NUTAN NAGAR

AGARTALA TRIPURA 799009

3a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	Netaimagar G.H.S.S	Agartala	TBSE		2021	81.6	
XII	NNGH.SS	Agartala	TBSE		2023	56.2	
Graduation							

The ICFAI University TRIPURA

2.

Joysmita Deb
Roll: 811710050073
ID: 726
IUT CAMPUS
The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Application No. IUTAH-823- 0503

Please submit the completed Application Form to: University Campus,
Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- [ ] B.Sc (Dialysis Therapy Technology)
- [✓] B.Sc (Cardiac Care Technology)
- [ ] B.Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [ ] BMLT
- [ ] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc. (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

1. **NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]**

Mr./Ms. JOYSMITA DEB

Gender: [ ] Male [✓] Female [ ] Transgender

Whether You belong to SC [ ] ST [✓] OBC [ ] Minority [Please Tick any one(√)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 04.02.2005 Blood Group ____ Mobile 9485020100

E-mail joysmitadeb9628@gmail.com

Parent's Name Mr./Ms. KAMALENDU DEB

Tel (Res) 0381 2910130 (Mobile) 9436460789 Nationality Indian.

Present Address GANDHIGRAM

AGARTALA TRIPURA 799012

State

Permanent Address KALYANPUR KHOWAI TRIPURA

AGARTALA TRIPURA 799203

3 a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	Kalyanpur	AGT	TBSE		2021	62	BESSM
XII	Gandhigram	AGT	TBSE		2023	57	PCBMEB
Graduation							

Bita A/N 66870640. (730)

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Application No. 0515

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO: Kamalghat, Mohanpur, Agartala 799 210, Tripura (West)

Please Tick (✓) the program you wish to enroll

- [x] B.Sc (Dialysis Therapy Technology)
- [ ] B.Sc (Cardiac Care Technology)
- [ ] B.Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [ ] BMLT
- [ ] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Ms. SANDIPA CHAKRABORTY

Gender: [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [ ] OBC [✓] Minority [Please Tick any one]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 14/03/2004 Blood Group O+ Mobile 9863535403

E-mail sandipachakraborty03@gmail.com

Parent's Name Mr./Ms. JYOTIRMAY CHAKRABORTY

Tel (Res) _____ (Mobile) 9362392702 Nationality Indian

Present Address Campen Bazen, Agandala

Agandala Tripura 799009

Permanent Address Campen Bazen, Agandala

Agandala Tripura 799009

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects Opted
X	Sanmarachanya Vidyapith	Agartala	TBSE	Bengali	2020	81.4%	
XII	Sanmarachanya Vidyapith	Agartala	TBSE	Bengali	2022	62.2%	

The ICFAI University Tripura

ICFAI UNIVERSITY TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8415952586, Fax 0381-2865752402

Application form

EDUCATION PROGRAMS

Courses offered:

BSc Cardiac Care Technology

PERSONAL DETAILS

Admission Number: IUTAHSON-823-008

Student Name: SHRUTI REKHA SHARMA

(As per the 10+2 Certificate)

Father Name: RAMESH SHARMA

Mother Name: RASHMI SHARMA

Date of Birth: 27/07/2004

Blood Group: O+

Identification Marks:

(As per the SSC Certificate)

1. -

2. -

Marital Status: Unmarried

Mother Tongue: -

SSC / X H.T.No: -

Nationality: Indian

Aadhar Card No: 935372322643

Native Place & State: ASSAM

Student Mobile: 8822365858

Student E-mail: alijasharma85@gmail.com

Father Mobile: 6000915525

Mother Mobile: 6000915525

Gender: Female

Community: General

Location: Guwahati

COMMUNICATION DETAILS

Permanent Address		
Country: India	State: Assam	District: Darrang
H.No: H.No H.No	Locality: KATAHI	Village/City: KATAHI
Pincode: 784144	Tel: (R): -	(O) -
Address for Communication		

The ICFAI University Tripura

ICFAI UNIVERSITY TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8413952806, Fax 0381-2865752/62

Application form

EDUCATION PROGRAMS

Courses offered:

BSc Cardiac Care Technology

PERSONAL DETAILS

Admission Number: IUTAHSON-823-085

Student Name: LAIRIKYENGBAM RAJMITA DEVI

(As per the 10+2 Certificate)

Father Name: LAIRIKYENGBAM JAMINIKANTA SINGH

Mother Name: -

Date of Birth: -

Blood Group: -

Identification Marks:

(As per the SSC Certificate)

1. -
2. -

Marital Status: -

Mother Tongue: -

SSC / X H.T.No: -

Nationality: Indian

Student Mobile: 9362892861

Student E-mail: rajmita21221@gmail.com

Father Mobile: 7629054138

Mother Mobile: -

Gender: Female

Community: ~~OBC~~ UR

Location: Imphal

COMMUNICATION DETAILS

Permanent Address		
Country: India	**State:** Manipur	**District:** Jiribam
H.No: H.No	**Locality:** KADAMTALA JIRIBAM	**Village/City:** JIRIBAM
Pincode: 795116	**Tel: (R):** -	**(O)** -
Address for Communication		
Country: -		

ICFAI UNIVERSITY TRIPURA

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Ph +91 8415952586, Fax 0381-2865752/62

PERSONAL INFORMATION

***Courses offered:**

BSc Cardiac Care Technology

***Student Name:** (As per the SSC Certificate)	KHUNDRAKPAM LEO SINGH
***Father Name:**	KH PRAMESH SINGH
Mother Name:	PHIJAM RENUKA DEVI
***Date of Birth:**	05/03/2002
Identification Marks: (As per the SSC Certificate)	
1.	-
2.	-
Mother Tongue:	-
SSC / X H.T.No:	-
***Nationality:**	Indian
Aadhar Card No:	-
***Student Mobile:**	6009089044
***Student E-mail:**	leokhuman26@gmail.com
***Father Mobile:**	7628018022
Mother Mobile:	-
***Gender:**	Male
***Community:**	OBC

CONTACT INFORMATION

Permanent Address

***Country:**	India
State:	Manipur
District:	Imphal West
H.No:	-
***Locality:**	SAGOLBAND
***Village/City:**	MEINO LEIRAK
***Pincode:**	795001
Tel: (R):	-

The ICFAI University TRIPURA

ICFAI UNIVERSITY TRIPURA

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Ph +91 8415952506, Fax 0381-2865752/62

PERSONAL INFORMATION

*Courses offered:	BSc Cardiac Care Technology
*Admission Number:	IUTAHSON-823-275
*Student Name: (As per the 10+2 Certificate)	KANSHOUWA RINGPAR MARING
*Father Name:	KANSHAUWA MEDONG MARING
Mother Name:	-
*Date of Birth:	16/02/2006
Identification Marks: (As per the SSC Certificate)	
1.	-
2.	-
Mother Tongue:	-
SSC / X H.T.No:	-
*Nationality:	Indian
Aadhar Card No:	-
*Student Mobile:	7627962326
*Student E-mail:	ringpar2016@gmail.com
*Father Mobile:	8414994072
Mother Mobile:	-
*Gender:	Female
*Community:	ST

CONTACT INFORMATION

Permanent Address

*Country:	India
State:	Manipur
District:	Chandel
H.No:	
*Locality:	MACHI VILLAGE
*Village/City:	MACHI
*Pincode:	795135
Tel: (R):	
(O)	

The ICFAI University TRIPURA

ICFAI UNIVERSITY TRIPURA

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Ph +91 8415952586, Fax 0381-2865752/62

PERSONAL INFORMATION

*Courses offered:	BSc Cardiac Care Technology
*Admission Number:	IUTAHSON-823-296
*Student Name: (As per the 10+2 Certificate)	SHEELHENBI KHWAIRAKPAM
*Father Name:	KHWAIRAKPAM DHIREN SINGH
Mother Name:	NAMEIRAKPAM ASHA DEVI
*Date of Birth:	21/03/2006
Identification Marks: (As per the SSC Certificate)	
1.	-
2.	-
Mother Tongue:	-
SSC / X H.T.No:	-
*Nationality:	Indian
Aadhar Card No:	-
*Student Mobile:	7628889390
*Student E-mail:	sheelhenbikhwaixoxo@gmail.com
*Father Mobile:	7005526226
Mother Mobile:	-
*Gender:	Female
*Community:	OBC

CONTACT INFORMATION

Permanent Address	
*Country:	India
State:	Manipur
District:	Bishnupur
H.No:	-
*Locality:	NINGTHOUKHONG
*Village/City:	NINGTHOUKHONG WARD NO 2
*Pincode:	795126
Tel: (R):	-
(O)	-
Same as Permanent Address	
Address for Communication	
Country:	India
State:	Manipur
District:	Bishnupur

The ICFAI University TRIPURA

ICFAI UNIVERSITY TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8415952506, Fax 0381-2865752/62

Application form

EDUCATION PROGRAMS

Courses offered:
BSc Cardiac Care Technology

PERSONAL DETAILS

Admission Number: IUTAHSON-823-123
Student Name: ISHITA GHOSH
(As per the 10+2 Certificate)
Father Name: INDRAJIT GHOSH
Mother Name: JHARNA GHOSH
Date of Birth: 07/09/2003
Blood Group: O+
Identification Marks:
(As per the SSC Certificate)
1. NONE
2. -
Marital Status: Unmarried
Mother Tongue: BENGALI

PERSONAL DETAILS

SSC / X H.T.No: -
Nationality: Indian
Aadhar Card No: 268941385934
Student E-mail: ghoshishita203@gmail.com
Student Mobile: 7005778259
Mother Mobile: 8414040542
Father Mobile: 9436770358
Gender: Female
Community: OBC
Location: Agartala City Office

COMMUNICATION DETAILS

Permanent Address

The ICFAI University Tripura

ICFAI UNIVERSITY TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8415952586, Fax 0381-2368752/53

PERSONAL INFORMATION

*Courses offered:	BSc Cardiac Care Technology
*Admission Number:	IUTAHSON-823-303
*Student Name: (As per the 10+2 Certificate)	PRITHVIRAJ ROY
*Father Name:	CHANDAN ROY
Mother Name:	-
*Date of Birth:	07/12/2004
Identification Marks: (As per the SSC Certificate)	
1.	-
2.	-
Mother Tongue:	-
SSC / X H.T.No:	-
*Nationality:	Indian
Aadhar Card No:	697970924120
*Student Mobile:	8453854262
*Student E-mail:	roysutapa0910@gmail.com
*Father Mobile:	9706939312
Mother Mobile:	-
*Gender:	Male
*Community:	OBC

CONTACT INFORMATION

Permanent Address

*Country:	India
State:	Assam
District:	Cachar
H.No:	-
*Locality:	RANGIRKHARI
*Village/City:	SILCHAR
*Pincode:	788005
Tel: (R):	-
(O)	-

Same as Permanent Address

Address for Communication

Country:	India
State:	Assam
District:	Cachar

The ICFAI University TRIPURA

PM

ICFAI UNIVERSITY TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8415953606, Fax 0381-2865752/53

PERSONAL INFORMATION

*Courses offered:	BSc Cardiac Care Technology
*Admission Number:	IUTAHSON-823-339
*Student Name: (As per the SSC Certificate)	KHWAIRAKPAM DELINA DEVI
*Father Name:	KHWAIRAKPAM PRAKASH SINGH
Mother Name:	KHWIRAKPAM PRATIMA DEVI
*Date of Birth:	12/03/2003
Identification Marks: (As per the SSC Certificate)	
1.	-
2.	-
Mother Tongue:	-
SSC / X H.T.No:	-
*Nationality:	Indian
Aadhar Card No:	-
*Student Mobile:	7627939554
*Student E-mail:	delinakhwai@gmail.com
*Father Mobile:	7627939554
Mother Mobile:	-
*Gender:	Female
*Community:	OBC

CONTACT INFORMATION

Permanent Address

*Country:	India
State:	Manipur
District:	Bishnupur
H.No:	-
*Locality:	NINGTHOUKHONG
*Village/City:	NINGTHOUKHONG AWANG KHUNOU WARD NO 14
*Pincode:	795126
Tel: (R):	-
(O)	-

Same as Permanent Address

Address for Communication

Country: India

ICFAI UNIVERSITY

Application No. IUTAH-823- 0524

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Please Tick (✓) the program you wish to enroll

- [ ] B.Sc (Dialysis Therapy Technology)
- [x] B.Sc. (Cardiac Care Technology)
- [ ] B.Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [ ] BMLT
- [ ] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

1. NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. ✓ SONIA DEBBARMA

Gender : [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority [Please Tick any one(√)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 29/10/2002 Blood Group | Mobile 8787560132

E-mail Soniad620022@gmail.com

Parent's Name Mr./Ms. ✓ MANTU DEBBARMA

Tel (Res) _____ (Mobile) 9862072212 Nationality INDIAN

Present Address BIDHYA CHANDRA PARA KHUMULWNG
PO-BIRENDRA NAGAR PS-RADHAPUR
AGARTALA TRIPURA 799045

Permanent Address LEFUNGA
PO-LEFUNGA PS-LEFUNGA
AGARTALA TRIPURA 799210

3 a. ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	Khumpui Academy Sch	Agartala	TBSE	English	2020	50%	6 subjects
XII	NIOS	Agartala	NIOS	English	2022	70%	6 subjects
Graduation							

The ICFAI University TRIPURA

ICFAI UNIVERSITY TRIPURA

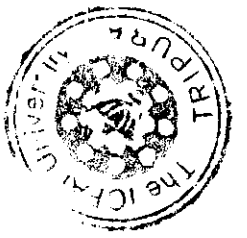
ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admission@iutripura.edu.in
Ph +91 8415952506, Fax 0381-2865752/62

PERSONAL INFORMATION

Course offered	:	BSc Cardiac Care Technology
Admission Number	:	IUTAHSON-823-477
Student Name: (As per Certificate)	:	ANOUBAM NKII ASH
Father Name	:	ANOUBAM NII AKRISHNA
Mother Name	:	ANOUBAM (O) SHAMAY
Date of Birth		12/01/2003
Identification Marks (as per the SSC Certificate)		
	:	-
	:	-
Mother Tongue	:	-
SSC / X H.T.No	:	-
Nationality	:	Indian
Aadhar Card No	:	-
Student Mobile	:	8730945305
Student E-mail	:	nikilashanoubam17th@gmail.com
Father Mobile	:	8413801412
Mother Mobile	:	-
Gender	:	Male
Community	:	OBC

CONTACT INFORMATION

Permanent Address		
Country	:	India
State	:	Manipur
District	:	Bishnupur
H.No	:	-
Locality	:	Ningthoukhong Mayai leikai
Village/City	:	Ningthoukhong
Pincode	:	795124
Mob(R)	:	-



ICFAI UNIVERSITY

Application No

The ICFAI University, Tripura

IUTAH-823- 0301

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- [✓] *B.Sc (Dialysis Therapy Technology)*
- [ ] *B.Sc. (Cardiac Care Technology)*
- [ ] *B.Sc (Emergency Medical Technology)*
- [ ] *Bachelor in Health Information Management*
- [ ] *BMLT*
- [ ] *MMLT*
- [ ] *B.Sc (Dialysis Therapy Tech.) Lateral Entry*
- [ ] *B.Sc. (Cardiac Care Tech.) Lateral Entry*
- [ ] *B.Sc (Emergency Med. Tech.) Lateral Entry*
- [ ] *Bachelor in Health Information Management Lateral Entry*
- [ ] *BMLT Lateral Entry*

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. ANAMIKA MAJUMDER

Gender : [ ] Male [✓] Female [ ] Transgender

Whether You belong to [✓] SC [ ] ST [ ] OBC [ ] Minority [Please Tick any one(√)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 21/01/2004 Blood Group ____ Mobile ____

E-mail ____

Parent's Name Mr./Ms. RATAN MAJUMDER

Tel (Res) ____ (Mobile) ____ Nationality INDIAN

Present Address PURBA PALATANA

UDAIPUR TRIPURA 799105

Permanent Address PURBA PALATANA

UDAIPUR TRIPURA 799105

3 a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X							
XII	Udaipur Ramesh H.S School	Udaipur	TBSE		2020	65.6%	
Graduation							

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

IUTAH-823 0317

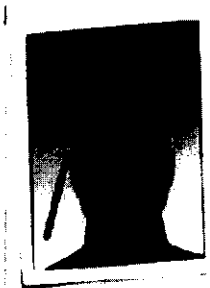
Please submit the completed Application Form to: University Campus
Agartala Simna Road PO Ramnagar Maharpur Agartala 799 210 Tripura (West)

Please Tick ✓ the program you wish to enroll

- B.Sc (Dialysis Therapy Technology)
- B.Sc (Cardiac Care Technology)
- B.Sc (Emergency Medical Technology)
- Bachelor in Health Information Management
- BMLT
- MMLT
- B.Sc (Dialysis Therapy Tech.) Lateral Entry
- B.Sc (Cardiac Care Tech.) Lateral Entry
- B.Sc (Emergency Med. Tech.) Lateral Entry
- Bachelor in Health Information Management Lateral Entry
- BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) (As it appears in the School Certificates)

Mr./Ms. KAPIL DEBBARMA



Gender ✓Male Female Transgender

Whether You belong to: SC ✓ST OBC Minority (Please Tick any one(✓))

PERSONAL DETAILS (Use Capitals only)

Date of Birth 23.5.2005 Blood Group Mobile 9774759552

E-mail

Parent's Name Mr./Ms. SWADESH DEBBARMA

Tel (Res) (Mobile) Nationality INDIAN

Present Address VIJAN ABHOYNAGAR AGARTALA TRIPURA WEST AGARTALA TRIPURA 799005

Permanent Address SOUTH GAKULNAGAR DEBENDRA CHOWMUHANI PARA TELIAMURA TRIPURA 799205

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	RKM School	AGARTALA	CBSE	ENGLISH	2021	78.2%	
XII	SHAYAN'S TRIPURA	AGARTALA	CBSE	ENGLISH	2023	60.8%	
Graduation							

The ICFAI University TRIPURA

Prasanta Das
28/07/2018 10
IUT CAMPUS (46)
The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

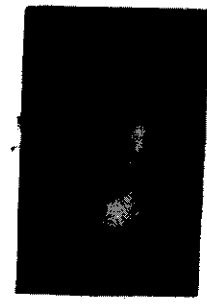
IUSTAM/UG/ 0315

Please submit the completed Application Form to: University Campus
Agartala-Simna Road, PO Kamalghat, Mohanpur, Agartala PIN 711101, Tripura (West)

Please Tick (✓) the program you wish to opt for:

- [✓] B.Sc (Dialysis Therapy Technology)
- [ ] B.Sc. (Cardiac Care Technology)
- [ ] B.Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [ ] BMLT
- [ ] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) (As it appears in the School Certificates)



Mr./Ms. PRASANTA DAS

Gender: [✓] Male [ ] Female [ ] Transgender

Whether You belong to [✓] SC [ ] ST [ ] OBC [ ] Minority (Please Tick any one)

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 25-02-1998 Blood Group B+ Mobile 8415053743

E-mail virafdas4000@gmail.com

Parent's Name Mr./Ms. SUSHIL DAS

Tel (Res) _____ (Mobile) 8415053743 Nationality INDIAN

Present Address AGARTALA BADHARGHAT

PIN 799003 PO BADHARGHAT

Permanent Address KHOWAI PO KHOWAI

PIN 799207

KHOWAI TRIPURA 799207

3 a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects
X	CHEBRI HIGH SCHOOL	KHOWAI	TBSE	BENGALI	2013	361.	
XII							
Graduation							

The ICFAI University TRIPURA

The ICFAI University, Tripura

0347

NAME OF THE APPLICANT (Use Capitals only As it appears in the School Certificate)

Mr. ALBERT SONGKOTHANG KHANTING

Gender ✓ Male Female Transgender

PERSONAL DETAILS (Use Capitals only)

Date of Birth 30.04.1993 (DD/MM/YYYY) Mobile 7 6 1 2 4 1 5 9

Email albiadkhawbung@icloud.com

Parent's Name Mr. Ms. KISANGLIEN

Tel (Res) (Mobile) 7811455189

Present Address PARBUNG, TIPAIMUKH CHURACHANDPUR

MANIPUR - 795145

Permanent Address

ACADEMIC RECORD SCHOOL / COLLEGE

Class	Name of the School	City	Board	Year of Passing	Subjects	% of Marks	Division
X	JNV	TIPAIMUKH	CBSE	[illegible]	[illegible]	[illegible]	[illegible]
XII	ST.PAUL [illegible]	[illegible]	CBSE	[illegible]	[illegible]	[illegible]	[illegible]
Graduation							

The ICFAI University TRIPURA

Jaikhim
IUT03000 4
From Manipur

ICFAI UNIVERSITY

Application cancelled

IUTAH-822 0317

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Please Tick (✓) the program you wish to enroll

- [✓] B.Sc (Dialysis Therapy Technology)
- [ ] B.Sc (Cardiac Care Technology)
- [ ] B.Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [ ] BMLT
- [ ] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. ALBERT SONGROTHANG KHAWUNG

Paste a recent color photograph of size 3.5 x 4.5 cms. The photograph must not be larger than this box. Do not sign on the photograph and do not staple

Gender : [✓] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [ ] OBC [ ] Minority [Please Tick any one(·)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 30 07 2003 Blood Group ____ Mobile 9612455189

E-mail albertkhawlung@icloud.com

Parent's Name Mr./Ms. ROSANGLIEN

Tel (Res) ____ (Mobile) 7612455189 Nationality ____

Present Address PARBUNG, SILAIMUKH CHURACHANDPUR MANIPUR-795103

Permanent Address ~~DO~~

3 **ACADEMIC RECORD: SCHOOL / COLLEGE**

a.

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks CGPA	Subjects covered
X	JNV	IMPHAL	CBSE	English	2021	61	
XII	ST. PAUL INSTITUTE	"	CBSE	"	2023	53	
Graduation							

The ICFAI University TRIPURA

Name: Bikash Debbarma
ID: 21IUT02100111
IUT CAMPUS: The ICFAI University Tripura (282)

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No.
IUTAH-823- 0383

Please Tick (✓) the program you wish to enroll

- ☐ B.Sc (Dialysis Therapy Technology)
- ☐ B.Sc. (Cardiac Care Technology)
- ☐ B.Sc (Emergency Medical Technology)
- ☐ Bachelor in Health Information Management
- ☐ BMLT
- ☐ MMLT
- ☐ B.Sc (Dialysis Therapy Tech.) Lateral Entry
- ☐ B.Sc. (Cardiac Care Tech.) Lateral Entry
- ☐ B.Sc (Emergency Med. Tech.) Lateral Entry
- ☐ Bachelor in Health Information Management Lateral Entry
- ☐ BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. HAMARI DEBBARMA

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority [Please Tick any one(√)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 28/02/2005 (D D / M M / Y Y Y Y) Blood Group A+ Mobile 8414840445

E-mail rosedebbarma022@gmail.com

Parent's Name Mr./Ms. RAJKUMAR DEBBARMA

Tel (Res) _____ (STD Code - Tel. No.) (Mobile) 8974483464 Nationality INDIAN

Present Address RAM MOHAN PUJARI PARA, TOJLING KAMTI, P.O: BELBARI, P.S: RADHAPUR AGARTALA TRIPURA 799045

Permanent Address RAM MOHAN PUJARI PARA, TOJLING KAMTI, P.O: BELBARI, P.S: RADHAPUR AGARTALA TRIPURA 799045

3 a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	St. Peter High School	Tavarsila	TBSC	English	2021	71%	5
XII	Yakyo Academy	Khumulwng	TBSC	English	2023	53%	6
Graduation							

The ICFAI University Tripura

Arpita Paul Karmakar
CTH8CL98102
344

ICFAI® UNIVERSITY

Application No.

The ICFAI University, Tripura

IUTAH-823- 0394

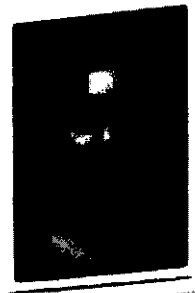
Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus.
Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- [ ] B.Sc (Dialysis Therapy Technology)
- [ ] B.Sc. (Cardiac Care Technology)
- [ ] B.Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [x] BMLT
- [ ] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc. (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

1. NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. ARPITA PAUL

Gender : [ ] Male [x] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [ ] OBC [ ] Minority [Please Tick any one(√)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 22/01/2005 (D D M M Y Y Y Y) Blood Group ____ Mobile 7005802061

E-mail Paulampita5730@gmail.com

Parent's Name Mr./Ms. SAJAL KUMAR PAUL Nationality INDIAN

Tel (Res) ____ (Mobile) 9612818099

Present Address ~~LODGE~~ KHOWAICOURT

Permanent Address CHARGANKI, PO-KHOWAICOURT
PS-KHOWAI, TRIPURA
KHOWAI TRIPURA 799201

3. ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board / University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	Ananda Marga High School	Khowai	TBSE	English	2021	79.6%	
XII	K.G.E.M.H.S.S	Khowai	CBSE	English	2023	66%	
Graduation							

The ICFAI University, Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

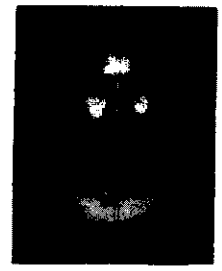
Application No. IUTAH-823- 0395

Please Tick (✓) the program you wish to enroll

- [✓] B.Sc (Dialysis Therapy Technology)
- [ ] B.Sc. (Cardiac Care Technology)
- [ ] B.Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [ ] BMLT
- [ ] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc. (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. BAISHALI DEBBARMA



Gender : [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority [Please Tick any one(√)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 09/03/2005 (D D M M Y Y Y Y) Blood Group AB+ Mobile 6009699090

E-mail DBAISHALI108@GMAIL.COM

Parent's Name Mr./Ms. CHALU DEBBARMA

Tel (Res) _____ (Mobile) 6009699090 Nationality INDIAN

Present Address NANDAN NAGAR PURA BARI

AGARTALA TRIPURA 799006

Permanent Address NANDAN NAGAR PURA BARI

AGARTALA TRIPURA 799006

3a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	NANDAN NAGAR H.S SCHOOL	AGARTALA	TBSE	Bengali	2021	56.2 %	
XII	NANDAN NAGAR H.S SCHOOL	AGARTALA	TBSE		2023	49.2 %	
Graduation							

The ICFAI University Tripura

ICFAI UNIVERSITY

Application No.

The ICFAI University, Tripura

IUTAH-823- 0401

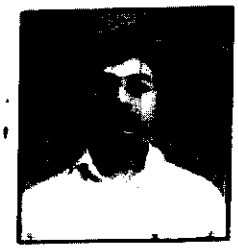
Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- [✓] *B.Sc (Dialysis Therapy Technology)*
- [ ] *B.Sc. (Cardiac Care Technology)*
- [ ] *B.Sc (Emergency Medical Technology)*
- [ ] *Bachelor in Health Information Management*
- [ ] *BMLT*
- [ ] *MMLT*
- [ ] *B.Sc (Dialysis Therapy Tech.) Lateral Entry*
- [ ] *B.Sc. (Cardiac Care Tech.) Lateral Entry*
- [ ] *B.Sc (Emergency Med. Tech.) Lateral Entry*
- [ ] *Bachelor in Health Information Management Lateral Entry*
- [ ] *BMLT Lateral Entry*

1. **NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]**



Mr./Ms. DIPAYAN GHOSH

Gender : [✓] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [✓] OBC [ ] Minority [Please Tick any one(✓)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 01/03/2005 (D D / M M / Y Y Y Y) Blood Group ____ Mobile 6033197334

E-mail dipayanghosh0598@gmail.com

Parent's Name Mr./Ms. DIPAK GHOSH

Tel (Res) _____ (STD Code) (Mobile) 9366200251 Nationality INDIAN

Present Address JIRANIA NOABADI

JIRANIA TRIPURA 799045

Permanent Address JIRANIA NOABADI

3a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	KV NIT AGARTALA	JIRANIA	CBSE	ENGLISH	2021	71.8	
XII	KV NIT AGARTALA	JIRANIA	CBSE	ENGLISH	2023	62.8	
Graduation							

The ICFAI University, Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUTAH-823- 0403

Please Tick (✓) the program you wish to enroll

- [✓] *B.Sc (Dialysis Therapy Technology)*
- [ ] *B.Sc. (Cardiac Care Technology)*
- [ ] *B.Sc (Emergency Medical Technology)*
- [ ] *Bachelor in Health Information Management*
- [ ] *BMLT*
- [ ] *MMLT*
- [ ] *B.Sc (Dialysis Therapy Tech.) Lateral Entry*
- [ ] *B.Sc. (Cardiac Care Tech.) Lateral Entry*
- [ ] *B.Sc (Emergency Med. Tech.) Lateral Entry*
- [ ] *Bachelor in Health Information Management Lateral Entry*
- [ ] *BMLT Lateral Entry*

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. TANUSREE SAHA

Gender : [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [ ] OBC [ ] Minority [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 09/06/2004 (D D M M Y Y Y Y) Blood Group B+ Mobile 7085647279

E-mail saiipisaha534@gmail.com

Parent's Name Mr./Ms. TINKU SAHA

Tel (Res) _____ (STD Code - Tel No.) (Mobile) _____ Nationality INDIAN

Present Address KAISHNANAGAR NEAR SANGHATI CLUB

AGARTALA TRIPURA WEST

AGARTALA TRIPURA (State) 799001

Permanent Address SONAMURA TAMSABARI SEPAHIJALA

TRIPURA

SONAMURA TRIPURA (State) 799131

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	SEMHSS	SONAMURA	TBSE	ENGLISH	2021	70.8%	5
XII	BTVM	AGARTALA	CBSE	ENGLISH	2023	66%	5
Graduation							

The ICFAI University TRIPURA

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO: Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUTAH-823- 0445

Please Tick (✓) the program you wish to enroll

- [✓] B.Sc (Dialysis Therapy Technology)
- [ ] B.Sc (Cardiac Care Technology)
- [ ] B.Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [ ] BMLT
- [ ] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc. (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms ELBRINA BARUA

Gender [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [ ] OBC [✓] Minority [Please Tick any one(s)]

[redacted]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 31/08/2005 Blood Group ___ Mobile 9378062074

E-mail BARUAELBRINA@GMAIL.COM

Parent's Name Mr./Ms. RANJIT SINGHA BARUA

Tel (Res) ___ (Mobile) 7005383075 Nationality INDIAN

Present Address VILL SUBASHNAGAR P.O+P.S- KANCHANPUR DIST- NORTH TRIPURA 799270

Permanent Address DO

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	KCP CLASS XI SCIENCE	KANCHANPUR	TBSE	BENGALI	2021	77%	
XII	DO	DO	DO	DO	2023	50%	
Graduation							

The ICFAI University Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

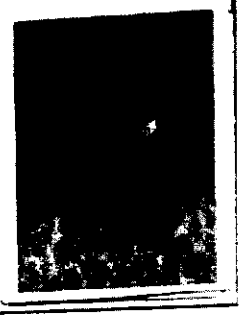
Please submit the completed Application Form to: University Campus
Agartala-Sonmura Road, PO Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application No. IUTAH-823- 0491

Please Tick (✓) the program you wish to enroll

- [✓] B.Sc (Dialysis Therapy Technology)
- [ ] B.Sc (Cardiac Care Technology)
- [ ] B.Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [ ] BMLT
- [ ] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr/Ms SURABHI DAS

Gender [ ] Male [✓] Female [ ] Transgender

Whether You belong to [✓] SC [ ] ST [ ] OBC [ ] Minority [Please Tick any one(✓)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 09082004 Blood Group B+ Mobile 7005734917

E-mail SURABHIDEBADAS@GMAIL.COM

Parent's Name Mr./Ms. AJOY DAS

Tel (Res) 0381 (Mobile) 7005734917 Nationality INDIAN

Present Address CHANDNARI

AGARTALA TRIPURA 799006

Permanent Address CHANDNARI

AGARTALA TRIPURA 799006

3 a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board* University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects Covered
X	GHH-S SCHOOL	AGARTALA	TBSE	BENGALI	2021	72.6	
XII	K.K.S.M H.S SCHOOL	AGARTALA	TBSE	BENGALI	2023	50.4	
Graduation							

ICFAI

The ICFAI University, Tripura

0507

Approved by UGC under Section 2(f) of UGC Act, 1956

Please submit the completed Application Form to: University Campus, Agartala-Jirania Road, PO: Kamalghat, Mandwi, Agartala-799 210, Tripura (West)

Please Tick (✓) the program you wish to enroll

- [✓] B.Sc. Dialysis Therapy Technology
- [ ] B.Sc. Cardiac Care Technology
- [ ] B.Sc. Emergency Medical Technology
- [ ] Bachelor of Health Information Management
- [ ] BMLT
- [ ] MMLT
- [ ] B.Sc. Dialysis Therapy Tech. - Lateral Entry
- [ ] B.Sc. Cardiac Care Tech. - Lateral Entry
- [ ] B.Sc. Emergency Med. Tech. - Lateral Entry
- [ ] Bachelor of Health Information Management - Lateral Entry
- [ ] BMLT - Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears on the School Certificate]

Mr./Ms SMITA SHARMA

Gender [ ] Male [✓] Female [ ] Transgender

Whether You Belong to [ ] SC [ ] ST [✓] OBC [ ] Minority Please Tick any one

PERSONAL DETAILS (Use Capitals only)

Date of Birth 2 1 0 2 2 0 0 5 Blood Group A B (+ve) Mobile 9 4 1 3 0 9 3 5 2 5

E-mail

Parent's Name Mr./Ms ARUN SHARMA MANIKA SHIL SHARMA Nationality INDIAN

Tel. No. Mobile 8413093523

Present Address

Permanent Address VILL: MOHINIKANAR PO: MATAI

DIST: SOUTH TRIPURA

BELONIA TRIPURA 799155

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	Board / University	Year of Passing	Marks %	Subjects Opted
	[illegible] Belonia	TBSE	2021	80.2	
	[illegible] Belonia	TBSE	2023	66.6	

Donzaikim
12/11/2020

CAMPUS

ICFAI® UNIVERSITY

Application No

The ICFAI University, Tripura

IUTAH-823- 0521

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus.
Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- [x] *B.Sc (Dialysis Therapy Technology)*
- [ ] *B.Sc. (Cardiac Care Technology)*
- [ ] *B.Sc (Emergency Medical Technology)*
- [ ] *Bachelor in Health Information Management*
- [ ] *BMLT*
- [ ] *MMLT*
- [ ] *B.Sc (Dialysis Therapy Tech.) Lateral Entry*
- [ ] *B.Sc. (Cardiac Care Tech.) Lateral Entry*
- [ ] *B.Sc (Emergency Med. Tech.) Lateral Entry*
- [ ] *Bachelor in Health Information Management Lateral Entry*
- [ ] *BMLT Lateral Entry*

1. **NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]**

Mr./Ms. NGAKMUANKIM HAULAI

Paste a recent color photograph of size 3.5 x 4.5 cms. The photograph must not be larger than this box. Do not sign on the photograph and do not staple

Gender : [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority [Please Tick any one(✓)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 20/11/2000 Blood Group Mobile 8131855211

E-mail myankim855@gmail.com

Parent's Name Mr./Ms. NEMNGAICHING

Nationality Indian

Tel (Res) (Mobile)

Present Address

Permanent Address

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

	Class	Name of the School	City	Board / University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
a.	X							
	XII							
	Graduation							

The ICFAI University Tripura

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No: IUTAH-823- 0534

Please Tick (✓) the program you wish to enroll

- [✓] B.Sc (Dialysis Therapy Technology)
- [ ] B.Sc. (Cardiac Care Technology)
- [ ] B.Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [ ] BMLT
- [ ] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc. (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

1. **NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]**

Mr./Ms. SNEHA DEBBARMA

Gender : [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority [Please Tick any one(✓)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 03/06/2004 (D D / M M / Y Y Y Y) Blood Group ____ Mobile ____

E-mail sneha06591.dv@gmail.com

Parent's Name Mr./Ms. AMAR DEBBARMA

Tel (Res) ____ (STD Code) - (Tel. No) (Mobile) 6383319240 Nationality ____

Present Address NOBIN CHOWDHURY, SIDHAI MOHANPUR, WEST TRIPURA

Permanent Address N.O

3a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks/ CGPA	Subjects covered
X	TIPPAH ACADEMY		TBSE	English	20	69%	
XII	St. Paul's		CISCE	English	2022	59%	
Graduation							

THE ICFAI UNIVERSITY TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

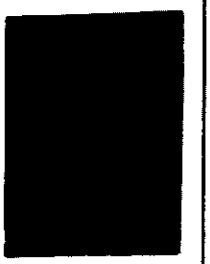
Application No. IUTAH-823- 0532

Please Tick (✓) the program you wish to enroll

- [✓] B.Sc (Dialysis Therapy Technology)
- [ ] B.Sc. (Cardiac Care Technology)
- [ ] B.Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [ ] BMLT
- [ ] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc. (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr/Ms. DIPANWITA DAS



Gender : [ ] Male [✓] Female [ ] Transgender

Whether You belong to [✓] SC [ ] ST [ ] OBC [ ] Minority [Please Tick any one(s)]

2 **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 20/05/2004 Blood Group B Mobile 6001937927

E-mail dipanwitadas003@gmail.com

Parent's Name Mr./Ms. RINA MAJUMDER DAS

Tel(Res) _____ (Mobile) 9862481857 Nationality INDIAN

Present Address LOWGANG SANTIRBAZAR SOUTH TRIURA

SANTIRBAZAR TRIPURA 799144

Permanent Address _____

3 a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	Santir Bazar Girls H.S	Santir Bazar	TBSE	Bengali	2021	86.6%	
XII	Santir Bazar Girls H.S	Santir Bazar	TBSE	Bengali	2023	61.2%	
Graduation							

ICFAI UNIVERSITY

Application No

the ICFAI University, Tripura

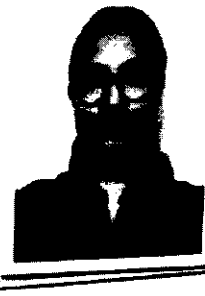
IUTAH-823- 0494

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form at University Campus
Kunjaban Jyoti Nagar, Agartala, Tripura (West)

Please Tick (✓) the program you wish to enroll

- B.Sc (Medical Technology)
- B.Sc (Cardiac Care Technology)
- B.Sc (Emergency Medical Technology)
- Bachelor of Health Information Management
- BMLT
- MMLT
- B.Sc (Dialysis Therapy Tech.) Lateral Entry
- B.Sc (Cardiac Care Tech.) Lateral Entry
- B.Sc (Emergency Med. Tech.) Lateral Entry
- Bachelor of Health Information Management Lateral Entry
- BMLT Lateral Entry



THE APPLICANT (Use Capitals only) (As it appears in the School Certificate)

PRIYA SAHA

Gender: Male / Female / Transgender

Category: SC / ST / OBC / ✓ Minority (Please Tick any one (✓))

PERSONAL DETAILS (Use Capitals only)

Date of Birth 29062002 Blood Group B+VE Mobile 8787578933

Email priyaxanthin@gmail.com

Parent's Name M/ Ms NAMITA RANI SAHA

Tel No (Mobile) 8730051631 Nationality Indian

Present Address TIRANIA JOYNAGAR TRIPURA (WEST)

AMARTALA TRIPURA 799045

Permanent Address DO

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board / University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	K.V NIT AGT	AGARTALA	CBSE	English	2020	79%	5
XII	K.V NIT AGT	AGARTALA	"	"	2022	79%	6

The ICFAI University Tripura

ICFAI
TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8415952506, Fax 0381-2665752/62

SAL INFORMATION

s offered	:	BSC Dialysis Therapy Technology
ssion Number	:	IUTAHSON-823-433
ent Name: (As per the 10+2 Certificate)	:	ADITI BHATTACHARJEE
her Name	:	PULAK BHATTACHARJEE
other Name	:	DIPALI RANI BHATTACHARJEE
ate of Birth	:	06/07/2005
dentification Marks (As per the SSC Certificate)		
1.	:	-
2.	:	-
Mother Tongue	:	-
SSC / X H.T.No	:	-
Nationality	:	Indian
Aadhar Card No	:	873739414380
Student Mobile	:	9436315005
Student E-mail	:	aditibhattacharjee321@gmail.com
Father Mobile.	:	9436377599
Mother Mobile	:	-
Gender	:	Female
Community	:	General

CONTACT INFORMATION

Permanent Address		
Country	:	India
State	:	Tripura
District	:	North Tripura
H.No	:	-
Locality	:	NAYAPARA KALIBARI ROAD
Village/City	:	DHARMANAGAR
Pincode	:	799250
Tel: (R)	:	-

The ICFAI University TRIPURA

Course offered	BSc (Nature Therapy Technology)
Admission Number	[illegible]
Student Name	MAIBAM MAHANDA DEVI
Father Name	M [illegible] H SINGH
Mother Name	[illegible] HABIMAYUM [illegible] DEVI
Date of Birth	[illegible] 2004
Identification Marks	
[illegible]	
1	
2	
Mother Tongue	
SSC / V.H.L.No	
Nationality	Indian
Aadhar Card No	
Student Mobile	9366184211
Student E-mail	kmmmaibam@gmail.com
Father Mobile	9366218614
Mother Mobile	
Gender	Female
Community	OBC

CONTACT INFORMATION

Permanent Address	
Country	India
State	Manipur
District	Imphal West
H.No	
Locality	KEISHAMTHONG
Village/City	LONGJAM LEIRAK
Pincode	795001
Tel (R)	
(O)	
Same as Permanent Address	
Address for Communication	
Country	India

[illegible]

ICFAI TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8119992806, Fax 0381-2868732/62

Application form

EDUCATION PROGRAMS

Courses offered:

BSc in Dialysis Therapy Technology (Lateral)

PERSONAL DETAILS

Admission Number: IUTAHSON-823-069

Student Name: NAOREM ALPANA DEVI

(As per the 10+2 Certificate)

Father Name: NAOREM BHOGEN SINGH

Mother Name: -

Date of Birth: -

Blood Group: -

Identification Marks:

(As per the SSC Certificate)

1. -

2. -

Marital Status: Unmarried

Mother Tongue: MANIPURI

SSC / X H.T.No: -

Nationality: Indian

Native Place & State: MANIPUR

Student Mobile: 8119058730

Student E-mail: alpananaorem123@gmail.com

Father Mobile: 9862901104

Mother Mobile: -

Gender: Female

Community: OBC

Location: Imphal

COMMUNICATION DETAILS

Permanent Address		
Country: India	State: Manipur	District: Thoubal
H.No: H.No	Locality: TENTHA KHUNJAO NAOREM LEIKAI	Village/City: TENTHA KHUNJAO NAOREM LEIKAI
Pincode: 795148	Tel: (R): -	(O) -
Address for Communication		
Country: India		

ICFAI UNIVERSITY TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph -91 8415952586, Fax 0381-2865752/62

Application form

EDUCATION PROGRAMS

Courses offered:

BSc Dialysis Therapy Technology

Whether student is regular or lateral entry: Regular

PERSONAL DETAILS

Admission Number: IUTAHSON-823-070

Student Name: ELANGBAM OLYMPIA DEVI

(As per the 10+2 Certificate)

Father Name: ELANGBAM BASAN SINGH

Mother Name: -

Blood Group: -

Date of Birth: -

Identification Marks:

(As per the SSC Certificate)

1. -

2. -

Marital Status: Unmarried

Mother Tongue: MANIPURI

SSC X H.T.No: -

Nationality: Indian

Native Place & State: MANIPUR

Student E-mail: elangbamolympia@gmail.com

Student Mobile: 9362056083

Mother Mobile: -

Father Mobile: 7005319412

Gender: Female

Community: OBC

Any other Please Specify: IMPHAL

Location: Imphal

COMMUNICATION DETAILS

Permanent Address	State: Manipur	District: Thoubal
Country: India	Locality: ITENTHA KHUNJAO MAYAI LEIKAI	Village City: ITENTHA KHUNJAO MAYAI LEIKAI
H.No: H.No 11 No	Tel: (R):	(O) -
Pincode: 795148		

ICFAI UNIVERSITY TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8415952586, Fax 0381-2865752/62

Application form

EDUCATION PROGRAMS

Courses offered:

B.Sc in Dialysis Therapy Technology (Lateral)

PERSONAL DETAILS

Admission Number: IUTAHSON-823-068
Student Name: LAIMUJAM JOSHELIA DEVI
(As per the 10+2 Certificate)
Father Name: LAIMUJAM MANISANA SINGH
Mother Name: -
Date of Birth: -
Blood Group: -
Identification Marks:
(As per the SSC Certificate)
1. -
2. -
Marital Status: Unmarried
Mother Tongue: MANIPURI
SSC / X H.T.No: -
Nationality: Indian
Student Mobile: 9362093414
Student E-mail: joshelialaimujam@gmail.com
Father Mobile: 9366319081
Mother Mobile: -
Gender: Female
Community: OBC
Location: Imphal

COMMUNICATION DETAILS

Permanent Address		
Country: India	**State:** Manipur	**District:** Thoubal
H.No: H.No	**Locality:** TENTHA KHONGBAL	**Village/City:** TENTHA KHONGBAL
Pincode: 795148	**Tel: (R):** -	**(O)** -
Address for Communication		
Country: India	**Locality:** -	**Village/City:** -
H.No: -		

ICFAI UNIVERSITY

Application No. 0518

The ICFAI University, Tripura

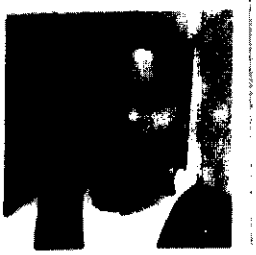
Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO: Kamalghat, Mohanpur, Agartala 799 210, Tripura (West)

Please Tick (✓) the program you wish to enroll

- [ ] B.Sc (Dialysis Therapy Technology) | [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc (Cardiac Care Technology) | [ ] B.Sc (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Medical Technology) | [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management | [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT | [ ] BMLT Lateral Entry
- [ ] MMLT

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. BINDIYA BANIK

Gender : [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [ ] OBC [✓] Minority [Please Tick any one(√)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 02/12/2004 Blood Group A+ Mobile 7085320029

E-mail bindiyabanik@gmail.com

Parent's Name Mr./Ms. RABINDRA KUMAR BANIK

Tel (Res) _____ (Mobile) 7629097649 Nationality INDIAN

Present Address KALYANPUR KHOWAI TRIPURA

AGARTALA TRIPURA 799203

Permanent Address KALYANPUR KHOWAI TRIPURA

AGARTALA TRIPURA 799203

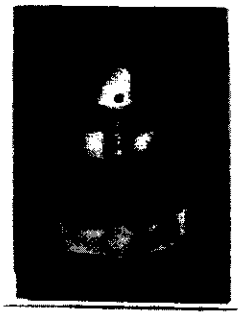
3. a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	J.N.V RC GHAT		CBSE		2021	86	
XII	J.N.V RC GHAT		CBSE		2023	72.8	
Graduation							

ICFAI
TRIPURA

ICFAI University, Tripura
Kamalpur, Mohanpur, West Tripura Agartala - 799210
www.icfaitripura.edu.in email: admission@icfaitripura.edu.in
Ph +91 [illegible], Fax 0381-2387520

PERSONAL INFORMATION



*Courses offered:	BSC Emergency Medical Technology
*Admission Number:	ICFAISON-BSC-170
*Student Name: (As per the SSC Certificate)	KALABI MOG
*Father Name:	LABRISAI MOG
Mother Name:	KRANYU MOG
*Date of Birth:	03/01/2004
Identification Marks: (As per the SSC Certificate)	
1.	-
2.	-
Mother Tongue:	MOG
SSC X B.T.No:	-
*Nationality:	Indian
Aadhar Card No:	334130795980
*Student Mobile:	9863454282
*Student E-mail:	SWISHAFRUMOG2000@GMAIL.COM
*Father Mobile:	9863269320
Mother Mobile:	-
*Gender:	Female
*Community:	ST

CONTACT INFORMATION

Permanent Address

*Country:	India
State:	Tripura
District:	Gomati
H.No:	H.No
*Locality:	PATICHARI
*Village/City:	KARBOOK
*Pincode:	799104
Tel: (R):	-
(O)	-

Received Date 19/01/2026 886 ICFAI University Tripura.

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

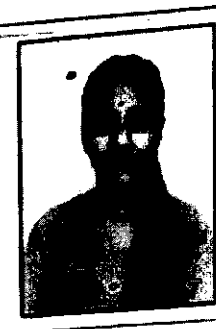
Application No IUTAH-823- 0308

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- [ ] B.Sc (Dialysis Therapy Technology)
- [ ] B.Sc (Cardiac Care Technology)
- [✓] B.Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [ ] BMLT
- [ ] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. ✓ SANIA DAS

Gender : [ ] Male [✓] Female [ ] Transgender

Whether You belong to [✓] SC [ ] ST [ ] OBC [ ] Minority [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 29012005 Blood Group O+ Mobile 9774515275

E-mail

Parent's Name Mr./Ms. ✓ MANORANJAN DAS

Tel (Res) (Mobile) Nationality

Present Address VILL JAMIRGHAT PO KAMALGHAT
PS LEFUNGA DIST WEST TRIPURA
AGARTALA TRIPURA 799210

Permanent Address DO

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	Kamalghat H.S. School	Agartala	TBSE	Bengali	2021	81.8 %	Eng, Beng, Math,
XII	Kamalghat H.S. School	Agartala	TBSE	Bengali	2023	52.4 %	Eng, Beng,
Graduation							

The ICFAI University TRIPURA

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ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

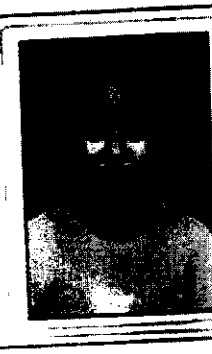
Please submit the completed Application Form to: University Campus,
Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application No IUTAH-823- 0323

Please Tick (✓) the program you wish to enroll

- [ ] B.Sc (Dialysis Therapy Technology)
- [ ] B.Sc. (Cardiac Care Technology)
- [x] B.Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [ ] BMLT
- [ ] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc. (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) (As it appears in the School Certificates)



Mr./Ms. SAMPLI DEBBARMA

Gender : [ ] Male [x] Female [ ] Transgender

Whether You belong to [ ] SC [x] ST [ ] OBC [ ] Minority [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 23/9/2004 Blood Group B+L Mobile 7629803758

E-mail MOUSAMIDEBBARMA3330GMAIL.COM

Parent's Name Mr./Ms. DIPAN DEBBARMA

Tel (Res) _____ (Mobile) 7085563356 Nationality INDIAN

Present Address SIDHAIMOHANPUR
PO KALACHHARRA
AGARTALA TRIPURA 799011

Permanent Address SIDHAI MOHANPUR
KALACHHARRA
AGARTALA TRIPURA 799011

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	Haichhara H School	Agartala	TBSE	Bengali	2020	80%	
XII	Radhaganga Girls HS School	Agartala	TBSE	Bengali	2022	6.0	
Graduation							

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUTAH-823- 0329

Please Tick (✓) the program you wish to enroll

- ☐ B.Sc (Dialysis Therapy Technology)
- ☐ B.Sc. (Cardiac Care Technology)
- ☑ B.Sc (Emergency Medical Technology)
- ☐ Bachelor in Health Information Management
- ☐ BMLT
- ☐ MMLT
- ☐ B.Sc (Dialysis Therapy Tech.) Lateral Entry
- ☐ B.Sc. (Cardiac Care Tech.) Lateral Entry
- ☐ B.Sc (Emergency Med. Tech.) Lateral Entry
- ☐ Bachelor in Health Information Management Lateral Entry
- ☐ BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. BAISHALI MAJUMDAR

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 06/04/2005 (D D M M Y Y Y Y) Blood Group A+ Mobile 9612535039

E-mail baishalimajumdar2750@gmail.com

Parent's Name Mr./Ms. BISWAJIT MAJUMDAR

Tel (Res) _____ (STD Code) (Mobile) 9862372302 Nationality INDIAN

Present Address VILL-LEMBUCHARA PO-LEMBUCHARA
PS-LEFUNGA DIST-WEST TRIPURA
AGARTALA (City) TRIPURA (State) 799210

Permanent Address VILL-LEMBUCHARA PO-LEMBUCHARA
PS-LEFUNGA DIST-WEST TRIPURA
AGARTALA (City) TRIPURA (State) 799210

3 a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	K.V. G.C. C.R.P.F.	AGARTALA	CBSE	English	2021	80.2%	5
XII	K.V. G.C. C.R.P.F.	AGARTALA	CBSE	English	2023	71%	5
Graduation							

ICFAI UNIVERSITY

Application No 0330

The ICFAI University, Tripura

IUTAH-823-

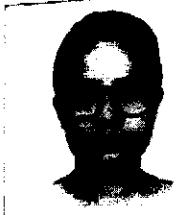
Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- [ ] *B.Sc (Dialysis Therapy Technology)*
- [ ] *B.Sc. (Cardiac Care Technology)*
- [✓] *B.Sc (Emergency Medical Technology)*
- [ ] *Bachelor in Health Information Management*
- [ ] *BMLT*
- [ ] *MMLT*
- [ ] *B.Sc (Dialysis Therapy Tech.) Lateral Entry*
- [ ] *B.Sc. (Cardiac Care Tech.) Lateral Entry*
- [ ] *B.Sc (Emergency Med. Tech.) Lateral Entry*
- [ ] *Bachelor in Health Information Management Lateral Entry*
- [ ] *BMLT Lateral Entry*

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. SAIWKI JAMATIA

PURAN BARMA JAMATIA

ANANDA RANI JAMATIA

Gender : [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority [Please Tick any one(·)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 05/02/2005 Blood Group O+ Mobile 6009907804

E-mail SAIWKIJAMATIA8@GMAIL.COM

Parent's Name [✓] Mr./Ms. PURAN BARMA JAMATIA

Tel (Res) _____ (Mobile) 8009407440 Nationality INDIA

Present Address RAMNAGAR ND-3 PO-DURGA LHOWMOHAN

PS-DURGA LHOWMOHANT DS-WEST TRIPURA

PN-799102

Permanent Address AARJUN TALI TELIAMURA PO-HADRAI

PS-TELIAMURA DS-KHOWAI PN-799205

3a. ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	B.K.A H/S.S	AGARTALA	TBSE	BANGALI	2020	72.2%	E.K.M.P.L.B
XII	B.K.A H/S.S	AGARTALA	TBSE	BANGALI	2022	62.2%	E.K.M.P.L.B
Graduation							

ICFAI UNIVERSITY

Application No.

The ICFAI University, Tripura

IUTAH-823- 0332

Approved by UGC under Section 2(f) of UGC Act 1956

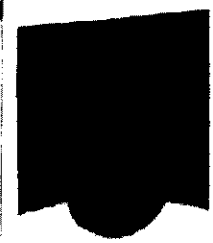
Please submit the completed Application Form to: University Campus,
Agartala-Sonamura Road, PO Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Please Tick (✓) the program you wish to enroll

- [ ] B.Sc (Dialysis Therapy Technology)
- [ ] B.Sc (Cardiac Care Technology)
- [✓] B.Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [ ] BMLT
- [ ] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

1. **NAME OF THE APPLICANT** (Use Capitals only) (As it appears in the School Certificates)

Mr./Ms. RUPAI DEBBARMA



Gender : [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority [Please Tick any one(✓)]

2. **PERSONAL DETAILS** (Use Capitals only)

Date of Birth 02/02/2004 Blood Group O+ Mobile 9136123099

E-mail RUPAIDEBBARMA@GMAIL.COM

Parent's Name Mr./Ms. BISWAJIT DEBBARMA

Tel (Res) (Mobile) Nationality INDIAN

Present Address KRISHNANAGAR ITC AGARTALA WEST TRIPURA PO-WESTI PS-WESIT. PIN-799001

Permanent Address GARJIAN TILLA TWIDU PS-TWIDU PO-TWIDU PIN-799101

3. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	B.K.G.H/S.S		TBSE	BENGALI	2020	51.4%	E.B.A.II
XII	B.K.G.H/S.S		TBSE	BENGALI	2022	61.2%	E.K.P.C.B
Graduation							

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Application No IUTAH-823- 0339

Please submit the completed Application Form to University Campus, Agartala-Sumnic Road, PO Kamalghat, Mohanpur Agartala-799 210, Tripura (West)

Please Tick (✓) the program you wish to enroll

- ☐ B.Sc (Dialysis Therapy Technology)
- ☐ B.Sc (Cardiac Care Technology)
- ☑ B.Sc (Emergency Medical Technology)
- ☐ Bachelor in Health Information Management
- ☐ BMLT
- ☐ MMLT
- ☐ B.Sc (Dialysis Therapy Tech.) Lateral Entry
- ☐ B.Sc (Cardiac Care Tech.) Lateral Entry
- ☐ B.Sc (Emergency Med. Tech.) Lateral Entry
- ☐ Bachelor in Health Information Management Lateral Entry
- ☐ BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr/Ms ARGHYADEEP--NATH

Gender ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority [Please Tick any one (-)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 16062004 Blood Group B+ Mobile 7085156490

E-mail arghyadeepnath874@gmail.com

Parent's Name Mr/Ms BADAL-CHANDRA-NATH

Tel (Res) _____ (Mobile) 9366278859 Nationality ~~Ind~~ INDIAN

Present Address JOGENDRANAGAR-VIDYASAGARROAD

AGARTALA-TRIPURA-WEST

AGARTALA TRIPURA 799004

Permanent Address _____

-DO-

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board* University	Medium of Instruction	Year of Passing	% Marks CGPA	Subjects covered
X	R.K.V.V.M	AGARTALA	TBSE	Bengali	2021	85.6	All
XII	R.K.V.V.M	AGARTALA	TBSE	Bengali	2023	73.6	PCMB

*Graduation

The ICFAI University Tripura

ICFAI UNIVERSITY

Application No.

The ICFAI University, Tripura

IUTAH-823- 0444

Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to University Campus, Agartala-Simna Road, PO. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Please Tick (✓) the program you wish to enroll

- [ ] *B.Sc (Dialysis Therapy Technology)*
- [ ] *B.Sc (Cardiac Care Technology)*
- [✓] *B.Sc (Emergency Medical Technology)*
- [ ] *Bachelor in Health Information Management*
- [ ] *BMLT*
- [ ] *MMLT*
- [ ] *B.Sc (Dialysis Therapy Tech.) Lateral Entry*
- [ ] *B.Sc. (Cardiac Care Tech.) Lateral Entry*
- [ ] *B.Sc (Emergency Med. Tech.) Lateral Entry*
- [ ] *Bachelor in Health Information Management Lateral Entry*
- [ ] *BMLT Lateral Entry*

1. **NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]**

Mr./Ms. KARNALI DEBBARMA

Gender : [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority [Please Tick any one(✓)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 10082004 Blood Group B+ Mobile 8415005140

E-mail karnalidebbarma7@gmail.com

Parent's Name Mr./Ms. SHEKHAR DEBBARMA

Tel (Res) _____ (Mobile) 6009852743 Nationality Indian

Present Address P.O+P.S:-MANDWI PIN:
BALUDHUM PARA
AGARTALA TRIPURA 799045

Permanent Address DO

3a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	EMRS	KHUM	CBSE	English	2020	52 %	
XII	EMRS	Khumulwng	CBSE	English	2022	54 %	
Graduation							

The ICFAI University TRIPURA

ICFAI UNIVERSITY

Application No. 0372

The ICFAI University, Tripura

IUTAH-823-

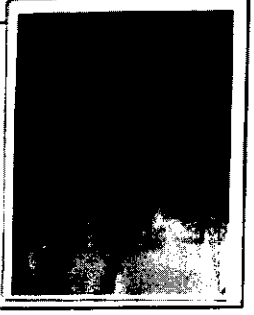
Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- ☐ *B.Sc (Dialysis Therapy Technology)*
- ☐ *B.Sc. (Cardiac Care Technology)*
- ☑ *B.Sc (Emergency Medical Technology)*
- ☐ *Bachelor in Health Information Management*
- ☑ *BMLT*
- ☐ *MMLT*
- ☐ *B.Sc (Dialysis Therapy Tech.) Lateral Entry*
- ☐ *B.Sc. (Cardiac Care Tech.) Lateral Entry*
- ☐ *B.Sc (Emergency Med. Tech.) Lateral Entry*
- ☐ *Bachelor in Health Information Management Lateral Entry*
- ☐ *BMLT Lateral Entry*

1. **NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]**



Mr./Ms. PRASHANTA CHAKMA

Gender : ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority [Please Tick any one(√)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 18/09/2003 Blood Group O+ Mobile 8730030085

E-mail CHAKMAPRASHANTA82@GMAIL.COM

Parent's Name Mr./Ms. SUSHANTA CHAKMA

Tel (Res) 03822 (Mobile) 9612263649 Nationality BODDHISM

Present Address PENCHARTHAL KAMALAPUR

P/S : PENCHARTHAL P/O : PENCHARTHAL

AGARTALA TRIPURA 799263

Permanent Address SOUTH DHANICHERRA KARNAKARBARI

PARA P/O DHANICHERRA P/S : PENCHARTHAL

AGARTALA TRIPURA 799263

3a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	E.M.R SCHOOL	AGARTALA	CBSE	ENGLISH	2021	60.4	6
XII / Graduation	E.M.R SCHOOL	AGARTALA	CBSE	ENGLISH	2023	57	6

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

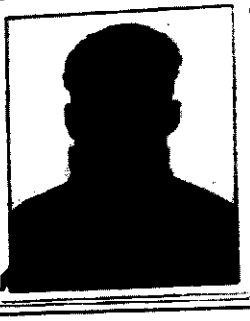
Application No. IUTAH-823- 0498

Please Tick (✓) the program you wish to enroll

- [ ] B.Sc (Dialysis Therapy Technology)
- [ ] B.Sc (Cardiac Care Technology)
- [x] B.Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [ ] BMLT
- [ ] MMLT

- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc. (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr. Ms. PRASENJIT DAS

Gender: [x] Male [ ] Female [ ] Transgender

Whether You belong to [x] SC [ ] ST [ ] OBC [ ] Minority [Please Tick any one(✓)] PH

PERSONAL DETAILS (Use Capitals only)

Date of Birth 13032003 Blood Group B(+) Mobile 9863351421

E-mail PRASENJITDASHSJHDJ2003@GMAIL.COM

Parent's Name Mr./Ms. DHIRENDRA DAS

Tel (Res) _____ (Mobile) 8119807976 Nationality Indian

Present Address RABINDRANAGAR, AGARTALA, TRIPURA (W)

AGARTALA TRIPURA 799004

Permanent Address AMBEDKAR PALLI, AGARTALA, TRIPURA

AGARTALA TRIPURA 799004

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
10	MGMHS School	Agartala	TBSE	Bengali	2021		
12	MGMHS School	Agartala	TBSE	Bengali	2023		PCMB

The ICFAI University TRIPURA

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

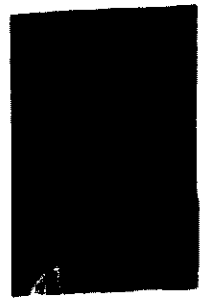
Application No. IUTAH-823- 0505

Please Tick (✓) the program you wish to enroll

- [ ] B.Sc (Dialysis Therapy Technology)
- [ ] B.Sc. (Cardiac Care Technology)
- [✓] B.Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [ ] BMLT
- [ ] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc. (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. SNAGDHA ROY



Gender : [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [ ] ST [✓] OBC [ ] Minority [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 17/07/2004 (D D / M M / Y Y Y Y) Blood Group O+ve Mobile 9862699793

E-mail Snagdharoy@gmail.com

Parent's Name Mr./Ms. BISHNUPADA ROY

Tel (Res) _____ (Mobile) 8787803352 Nationality Indian

Present Address VILL-RKNAGAR, P.O.-KHASH NOAGAON

P.S.-BODHJUNG NAGAR, TRIPURA WEST

AGARTALA TRIPURA

Permanent Address Do

3a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	Pallimangal HS	Agt.	TBSE	Bengali	2021	88%	7
XII	Pallimangal HS	Agt.	TBSE	Bengali	2023	56%	11
Graduation							

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUTAH-823- 0509

Please Tick (✓) the program you wish to enroll

- ☐ B.Sc (Dialysis Therapy Technology)
- ☐ B.Sc. (Cardiac Care Technology)
- ☐ B.Sc (Emergency Medical Technology)
- ☐ Bachelor in Health Information Management
- ☐ BMLT
- ☐ MMLT
- ☐ B.Sc (Dialysis Therapy Tech.) Lateral Entry
- ☐ B.Sc (Cardiac Care Tech.) Lateral Entry
- ☑ B.Sc (Emergency Med. Tech.) Lateral Entry
- ☐ Bachelor in Health Information Management Lateral Entry
- ☐ BMLT Lateral Entry

1. NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. ASIT DEBROY

Gender : ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority [Please Tick any one(√)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 29/10/2004 Blood Group ____ Mobile 7816315741/0

E-mail ____

Parent's Name ☑ Mr./Ms. AMAN DEBROY

Tel (Res) ____ (STD Code, Tel. No.) (Mobile) ____ Nationality INDIAN

Present Address CHANDRAPUR TATA KALIBARI

P.O.-RESHAM BAGAN, AGARTALA

City State Pin 799008

Permanent Address ——DO——

City State

3 a. ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	K.V. V.	Agartala	TBSE	Bengali	2021	77.4	
XII	K.V. V.	"	"	"	2023	571	
Graduation							

CUT HERE

ICFAI UNIVERSITY

Application No

The ICFAI University, Tripura

IUTAH-823- 0520

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus,
...rtala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- ...alysis Therapy Technology)
- ...Cardiac Care Technology)
- ...Emergency Medical Technology)
- ...elor in Health Information Management
- ...LT
- ...MLT
- ☐ B.Sc (Dialysis Therapy Tech.) Lateral Entry
- ☐ B.Sc. (Cardiac Care Tech.) Lateral Entry
- ☐ B.Sc (Emergency Med. Tech.) Lateral Entry
- ☐ Bachelor in Health Information Management Lateral Entry
- ☐ BMLT Lateral Entry

...E APPLICANT (Use Capitals only) [As it appears in the School Certificates]

...HAYAN CHAKRABORTY

...r: ☑ Male ☐ Female ☐ Transgender

...her You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority [Please Tick any one(✓)]

...ERSONAL DETAILS (Use Capitals only)

Date of Birth 17/10/2004 (D D / M M / Y Y Y Y) Blood Group ____ Mobile 8798926296

E-mail ____

Parent's Name Mr./Ms. SWAPAN CHAKRABORTY

Tel (Res) ____ (Mobile) 8787490183 Nationality INDIAN

Present Address CHANDRAPUR, P.O. RESHAMBAGAN
AGARTALA, TRIPURA WEST
799008

Permanent Address ——DO——

3 ACADEMIC RECORD: SCHOOL / COLLEGE

a.

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	...of Marks CGPA	Subjects covered
X	RKVVM	Agartala	TBSE	E	2021	79%	Five
XII	RKVVM	Agartala	TBSE		2023	55%	Five
Graduation							

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Application No. IUTAH-823- **0523**

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- ☐ B.Sc (Dialysis Therapy Technology)
- ☐ B.Sc. (Cardiac Care Technology)
- ☑ B.Sc (Emergency Medical Technology)
- ☐ Bachelor in Health Information Management
- ☐ BMLT
- ☐ MMLT
- ☐ B.Sc (Dialysis Therapy Tech.) Lateral Entry
- ☐ B.Sc. (Cardiac Care Tech.) Lateral Entry
- ☐ B.Sc (Emergency Med. Tech.) Lateral Entry
- ☐ Bachelor in Health Information Management Lateral Entry
- ☐ BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. SARMISTHA CHOWDHURY

Paste a recent color photograph of size 3.5 x 4.5 cms. The photograph must not be larger than this box. Do not sign on the photograph and do not staple

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 22/10/2004 Blood Group Mobile 9362971077

E-mail B123sarmistha123@gmail.com

Parent's Name Mr./Ms. SANTI CHOWDHURY Nationality INDIA

Tel (Res) (Mobile) 9233617896

Present Address VILL-NARAYANKHAMAR P.O-TRIPURA UNIVERSITY P.S-TAMTALI DIST-WEST TRIPURA AGARTALA TRIPURA 799022

Permanent Address 〃

3 a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	Durgapur High School	Agartala	TBSE	Bengali	2021	A2.2	
XII	BADHARGHAT H/S School	Agartala	TBSE	Bengali	2023	58.6%	
Graduation							

ICFAI UNIVERSITY TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.Jutripura.edu.in email: admissions@.iutripura.edu.in
Ph +91 8415952500, Fax 0381-2386732/63

PERSONAL INFORMATION

*Courses offered:	BSC Emergency Medical Technology
*Admission Number:	ICTAHSON-823-274
*Student Name:	JEEYA CHONGTHAM
*Father Name:	CHONGTHAM UMESH SINGH
Mother Name:	CHONGTHAM (O) BABINA DEVI
*Date of Birth:	30 12 2005
Identification Marks:	
(As per the SSC Certificate)	
1.	-
2.	-
Mother Tongue:	-
SSC / H.L.No:	
*Nationality:	Indian
Aadhar Card No:	-
*Student Mobile:	9863735039
*Student E-mail:	jeeyachongtham11@gmail.com
Father Mobile:	9774785045
Mother Mobile:	-
*Gender:	Female
Community:	OBC

CONTACT INFORMATION

Permanent Address	
*Country:	India
State:	Manipur
District:	Imphal West
H.No:	
*Locality:	PISHUM
*Village City:	PISHUMTHONGJINAM LEIKAI
*Pincode:	795001
Tel: (R):	
(O)	

ICFAI UNIVERSITY

Application No.

The ICFAI University, Tripura

IUTAH-823- 0525

Approved by UGC under Section 2(f) of UGC Act 1956.

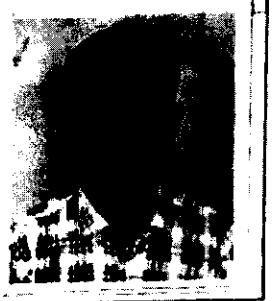
Please submit the completed Application Form to: University Campus, Agartala-Sonna Road, PO Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- [✓] *B.Sc (Dialysis Therapy Technology)*
- [ ] *B.Sc (Cardiac Care Technology)*
- [✓] *B.Sc (Emergency Medical Technology)*
- [ ] *Bachelor in Health Information Management*
- [ ] *BMLT*
- [ ] *MMLT*
- [ ] *B.Sc (Dialysis Therapy Tech.) Lateral Entry*
- [ ] *B.Sc. (Cardiac Care Tech.) Lateral Entry*
- [ ] *B.Sc (Emergency Med. Tech.) Lateral Entry*
- [ ] *Bachelor in Health Information Management Lateral Entry*
- [ ] *BMLT Lateral Entry*

1. **NAME OF THE APPLICANT (Use Capitals only) (As it appears in the School Certificates)**

Mr./Ms. GERGISH DEBBARMA



Gender : [✓] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority [Please Tick any one(√)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 28/04/2001 Blood Group ___ Mobile 8794818078

E-mail GERGISH.DEBB11@GMAIL.COM

Parent's Name Mr./Ms. SATISH DEBBARMA

Tel (Res) _____ (Mobile) 8974321315 Nationality INDIAN

Present Address VILL-HEZAMARA, WEST TRIPURA PS-SIDHAI, PO-BAIKHUNTHAPUR AGARTALA TRIPURA 799211

Permanent Address VILL-KAMBUKCHHARA, HEZAMARA, WEST TRIPURA, PS-SIDHAI, PO-BAIKHUNTHAPUR AGARTALA TRIPURA 799211

3a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	SAINT ANDREW SCHOOL	KAMALGHAT	CBSE	ENGLISH	2017	7.0	
XII	NIOS		NIOS	ENGLISH	2023	56	
Graduation							

The ICFAI University TRIPURA

ICFAI UNIVERSITY

Application No. IUTAH-823- 0336

The ICFAI University, Tripura

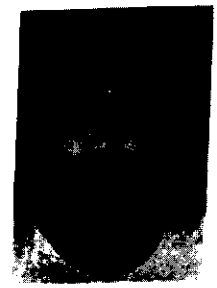
Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, PO. Kamalghat, Mohanpur, Agartala-799 210. Tripura (West).

Please Tick (✓) the program you wish to enroll

- [ ] B.Sc (Dialysis Therapy Technology)
- [ ] B.Sc. (Cardiac Care Technology)
- [ ] B.Sc (Emergency Medical Technology)
- [✓] Bachelor in Health Information Management
- [ ] BMLT
- [ ] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc. (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

1 NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. KISHA DEBBARMA

Gender: [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority [Please Tick any one(√)]

2 PERSONAL DETAILS (Use Capitals only)

Date of Birth 02/12/2004 Blood Group ____ Mobile 9362134532

E-mail iamkishan@gmail.com

Parent's Name Mr./Ms. SUDHAMOY DEBBARMA

Tel (Res) ____ (Mobile) 9436108666 Nationality INDIAN.

Present Address PEKUARJALA MADHYA GHANIAMARA UJA NGHANIAMARA WEST TRIPURA

AGARTALA TRIPURA 799102

Permanent Address PEKUARJALA MADHYA GHANIAMARA UJ ANGHANIAMARA WEST TRIPURA

AGARTALA TRIPURA 799102

3 a. ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	Golaghati high School	Belonia	TBSE	Bengali	2021	69%	
XII	Sepoyjala H.S School	Belonia	TBSE	Bengali	2023	45%	
Graduation							

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Application No. IUTAH-823- 0492

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- [ ] B.Sc (Dialysis Therapy Technology)
- [ ] B.Sc (Cardiac Care Technology)
- [ ] B.Sc (Emergency Medical Technology)
- [✓] Bachelor in Health Information Management
- [ ] BMLT
- [ ] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc. (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

E OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. SAYEL TRIPURA

Gender : [✓] Male [ ] Female [ ] Transgender

Whether You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 02/02/2004 Blood Group ____ Mobile 9383549226

E-mail SAYELTRIPURA@GMAIL.COM

Parent's Name Mr./Ms. SUNIL TRIPURA

Tel (Res) 9862724253 (Mobile) ____ Nationality ____

Present Address MONING PARA ICDS CENTER

BHUBATAL SUB-ISABROOM

ISABROOM TRIPURA 799143

Permanent Address -DO-

3 8. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board / University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	Gardhang HS school	Sabroom	TBSE	Bengali	2021	81.2	
XII	-DO-	-DO-	TBSE	Bengali	2023	64	
Graduation							

(780)
University Tripura.

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

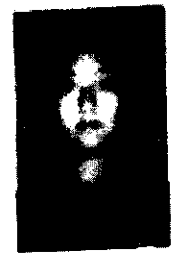
Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUTAH-823- 0511

Please Tick (✓) the program you wish to enroll

- [ ] B.Sc (Dialysis Therapy Technology)
- [ ] B.Sc. (Cardiac Care Technology)
- [ ] B.Sc (Emergency Medical Technology)
- [✓] Bachelor in Health Information Management
- [ ] BMLT
- [ ] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc. (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

1 NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. PRIYANGKA TRIPURA

Gender : [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority [Please Tick any one(-)]

2 PERSONAL DETAILS (Use Capitals only)

Date of Birth 26/03/2005 (D D / M M / Y Y) Blood Group B+ Mobile 08863252554

E-mail PRIYANGKATRIPURA00@GMAIL.COM

Parent's Name Mr./Ms. BRAJENDRA TRIPURA

Tel (Res) 03661587 18 (STD Code / Tel. No.) (Mobile) _____ Nationality Indian

Present Address HAPTABARI CDS BELONIA

HRISHYAMUKH SOUTH TRIPURA

BELONIA TRIPURA

Permanent Address -DO-

3 a. ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board / University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	GARDHANG HS SCHOOL	SABROOM	TBSE	Bengali	2021	57.4	
XII	GARDHANG HS SCHOOL	"	TBSE	Bengali	2023	94.4	
Graduation							

ICFAI UNIVERSITY TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.icfaitripura.edu.in email: admissions@icfaitripura.edu.in
Ph +91 8415952586, Fax 0381-2865752/63

PERSONAL INFORMATION

*Courses offered:	Bachelor in Health Information Management
*Admission Number:	IUTAHSON-823-077
*Student Name: (As per the 10+2 Certificate)	DORJEE NAMSA
*Father Name:	NAMTSERING NAMSA
Mother Name:	PEMA NAMSA
*Date of Birth:	28/09/2003
Identification Marks: (As per the SSC Certificate)	
1.	-
2.	-
Mother Tongue:	MONPA
SSC / X H.T.No:	-
*Nationality:	Indian
Aadhar Card No:	811872884543
*Student Mobile:	9233206593
*Student E-mail:	dorjeenamsa170@gmail.com
*Father Mobile:	7627905960
Mother Mobile:	-
*Gender:	Male
*Community:	ST

CONTACT INFORMATION

Permanent Address

*Country:	India
State:	Arunachal Pradesh
District:	West Kameng
H.No:	H.No E-58
*Locality:	KALAKTANG
*Village/City:	DENGZI
*Pincode:	790002
Tel: (R):	-
(O)	-

Same as Permanent Address

Address for Communication

Country:	India
State:	.
District:	.
H.No:	.
Locality:	.

The ICFAI University TRIPURA

ICFAI UNIVERSITY

Application No

The ICFAI University, Tripura

IUTAH-823- 0313

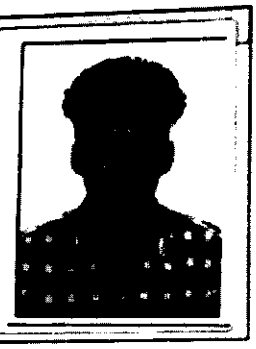
Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- ☐ B.Sc (Dialysis Therapy Technology)
- ☐ B.Sc. (Cardiac Care Technology)
- ☐ B.Sc (Emergency Medical Technology)
- ☐ Bachelor in Health Information Management
- ☐ BMLT
- ☑ MMLT
- ☐ B.Sc (Dialysis Therapy Tech.) Lateral Entry
- ☐ B.Sc. (Cardiac Care Tech.) Lateral Entry
- ☐ B.Sc (Emergency Med. Tech.) Lateral Entry
- ☐ Bachelor in Health Information Management Lateral Entry
- ☐ BMLT Lateral Entry

1. **NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]**



Mr./Ms. TAMIK DEBBARMA

Gender : ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority [Please Tick any one(s)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 26/11/1999 Blood Group B+ve Mobile 7005297282

E-mail tamik.debbarma@gmail.com

Parent's Name Mr./Ms. BIJOY DEBBARMA

Tel (Res) _____ (Mobile) 6009947094 Nationality INDIAN

Present Address UJAN ABHAYNAGAR

PIN: 799005

Permanent Address KHOWAI BAIJAL BARI

PO: BAIJAL BARI PS: KHOWAI PIN: 799207

3a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks CGPA	Subjects covered
X	Monikar Higher Secondary School	Champamura	CBSE	English	2015	7.8	Science
XII	Hindi High School	Agartala	CBSE	English	2019	47.5	Science
Graduation	Assam Down Town University	Guwahati	Private	English	2022	7.05	BMLT

THE ICFAI UNIVERSITY TRIPURA

ICFAI UNIVERSITY

Application No. 0371

The ICFAI University, Tripura

IUTAH-823-

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- ☐ B.Sc (Dialysis Therapy Technology)
- ☐ B.Sc. (Cardiac Care Technology)
- ☐ B.Sc (Emergency Medical Technology)
- ☐ Bachelor in Health Information Management
- ☐ BMLT
- ☑ MMLT
- ☐ B.Sc (Dialysis Therapy Tech.) Lateral Entry
- ☐ B.Sc. (Cardiac Care Tech.) Lateral Entry
- ☐ B.Sc (Emergency Med. Tech.) Lateral Entry
- ☐ Bachelor in Health Information Management Lateral Entry
- ☐ BMLT Lateral Entry

1. NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. DIYASHREE DEBBARMA

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority [Please Tick any one(√)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 08/10/2000 (D D M M Y Y Y Y) Blood Group B+Ve Mobile 6909524746

E-mail diyadebbarma4@gmail.com

Parent's Name Mr./Ms. DILIP DEBBARMA

Tel (Res) _____ (Mobile) 6909524746 Nationality INDIAN

Present Address VILL-LAMPRA KAMI TAKARJALA

P.O- TAKARJALA P.S- TAKARJALA

DIST-SEPAHIJALA TRIPURA 799102

Permanent Address VILL- LAMPRA KAMI TAKARJALA

P.O- TAKARJALA P.S- TAKARJALA

DIST-SEPAHIJALA TRIPURA 799102

3a. ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	HINDI HRSEC SCHOOL	AGARTALA	CBSC	HINDI	2019	07.0	
XII	HINDI HRSEC SCHOOL	AGARTALA	CBSC	HINDI	2019	06.0	SCIENCE
Graduation	TIPS	AGARTALA	TU	ENGLISH	2022	5.44	BMLT

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

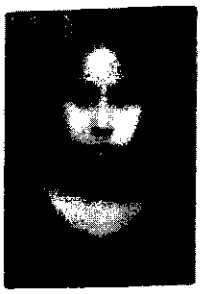
[redacted] IUTAH-223 0376

Please submit the completed Application Form to University Campus, Agartala-Sonna Road, PO Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Please Tick (✓) the program you wish to enroll

- [ ] B Sc (Dialysis Therapy Technology)
- [ ] B Sc (Cardiac Care Technology)
- [ ] B Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [ ] BMLT
- [✓] MMLT
- [ ] B Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B Sc (Cardiac Care Tech.) Lateral Entry
- [ ] B Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) (As it appears in the School Certificates)



Mr./Ms. ✓ BAGHYASWARI DEBBARMA

Gender : [ ] Male [✓] Female [ ] Transgender

Whether You belong to [ ] SC [✓] ST [ ] OBC [ ] Minority (Please Tick any one)

PERSONAL DETAILS (Use Capitals only)

Date of Birth 02052001 Blood Group O+ve Mobile 6009803649

E-mail swaridebbarma1@gmail.com

Parent's Name Mr./Ms. ✓ AMARENDRA DEBBARMA

Tel (Res) _____ (Mobile) 9862998398 Nationality Indian

Present Address VILL-RAMDAYAL BARI P.O-BARANAIDAN PS-KALYANPUR DIST-KHOWAI TRIPURA DIST-KHOWAI TRIPURA 799203

Permanent Address VILL-RAMDAYAL BARI PO-BARAMAIDAN PS-KALYANPUR DIST-KHOWAI TRIPURA DIST-KHOWAI TRIPURA 799203

3a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% Marks/ CGPA	Subjects covered
X	K.G.G.XII School	Khowai	TBSE	Bengali	2017	62.5	
XII	K.G.G.XII School	Khowai	TBSE	Bengali	2019	67.8	Sciences
Graduation	TIPS	Agartala	T.U	English	2022	6.70	BMLT

The ICFAI University TRIPURA

ICFAI UNIVERSITY

Application No. 0377

The ICFAI University, Tripura

IUTAH-823-

Approved by UGC under Section 2(f) of UGC Act 1956

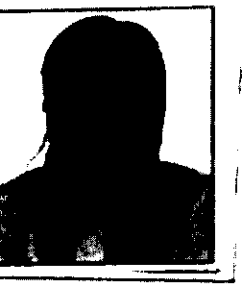
Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- ☐ *B.Sc (Dialysis Therapy Technology)*
- ☐ *B.Sc. (Cardiac Care Technology)*
- ☐ *B.Sc (Emergency Medical Technology)*
- ☐ *Bachelor in Health Information Management*
- ☐ ~~*BMLT*~~
- ☒ *MMLT*
- ☐ *B.Sc (Dialysis Therapy Tech.) Lateral Entry*
- ☐ *B.Sc. (Cardiac Care Tech.) Lateral Entry*
- ☐ *B.Sc (Emergency Med. Tech.) Lateral Entry*
- ☐ *Bachelor in Health Information Management Lateral Entry*
- ☐ *BMLT Lateral Entry*

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. SAIMA DEBBARMA



Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority [Please Tick any one(.)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 09/04/2002 (D D/M M/Y Y Y Y) Blood Group A+ve Mobile 9366531081

E-mail Saimabdebbarma4@gmail.com

Parent's Name Mr./Ms. DILIP DEBBARMA

Tel (Res) _____ (STD Code / Tel. No.) (Mobile) 9366531081 Nationality INDIAN

Present Address VIDYAMOHANTHAKURPARA KHOWAICHAMPA HOUR PS-CHAMPAHOUR PIN-799201 WEST TRIPURA

Permanent Address VIDYAMOHANTHAKURPARA KHOWAICHAMPA HOUR PS-CHAMPAHOUR PIN-799201 WEST TRIPURA

3 a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	DTHS	KHOWAI	TBSE		2017	45%	ALL SUBJECT
XII	KGGHSS	KHOWAI	TBSE		2019	45%	SCIENCE
Graduation	TIPS	AGARTALA	TRIPURA		2022	53%	BMLT

Tripura.
(45)
Us
AJ University Tripura.

ICFAI UNIVERSITY

Application No. IUTAH-823- 0455

The ICFAI University, Tripura

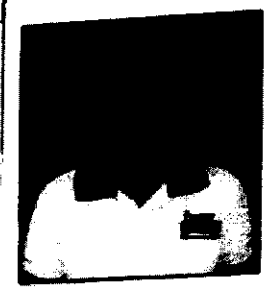
Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Please Tick (✓) the program you wish to enroll

- ☐ B.Sc (Dialysis Therapy Technology)
- ☐ B.Sc. (Cardiac Care Technology)
- ☐ B.Sc (Emergency Medical Technology)
- ☐ Bachelor in Health Information Management
- ☐ BMLT
- ☑ MMLT
- ☐ B.Sc (Dialysis Therapy Tech.) Lateral Entry
- ☐ B.Sc. (Cardiac Care Tech.) Lateral Entry
- ☐ B.Sc (Emergency Med. Tech.) Lateral Entry
- ☐ Bachelor in Health Information Management Lateral Entry
- ☐ BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]



Mr./Ms. ✓ PRITI DEBBARMA

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority [Please Tick any one(√)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 11/07/1999 Blood Group O+ (ve) Mobile 9366494099

E-mail pritidebbarma5720@gmail.com

Parent's Name Mr./Ms. ✓ RANJIT DEBBARMA

Tel (Res) _____ (Mobile) 9862361378 Nationality Indian

Present Address : BANERJEEPARA

AGARTALA TRIPURA 799001

Permanent Address VILL+GANGARAMCHOWDHURYPARA P.O-BIR

ENDRANAGAR P/S-RADHAPUR DIST-WEST TRIPURA

KHUMULWNGH TRIPURA 799045

3 a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks CGPA	Subjects covered
X	K.V NIT	AGARTALA	C.B.S.E		2015	6.8	
XII (Diploma)	W.P.T.I	AGARTALA	T.U		2019	5.97	
Graduation	A.D.T.U	Assam	A.D.T.U		2021	6.84	

The ICFAI University TRIPURA

ICFAI UNIVERSITY

The ICFAI University, Tripura

IUTAH-823- 0499

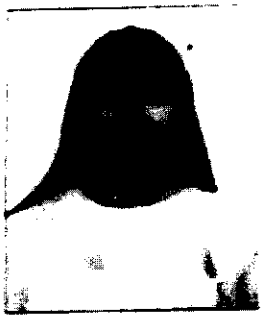
Approved by UGC under Section 2(f) of UGC Act 1956

Please submit the completed Application Form to University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Please Tick (✓) the program you wish to enroll

- ☐ B.Sc (Dialysis Therapy Technology)
- ☐ B.Sc. (Cardiac Care Technology)
- ☐ B.Sc (Emergency Medical Technology)
- ☐ Bachelor in Health Information Management
- ☐ BMLT
- ☑ MMLT
- ☐ B.Sc (Dialysis Therapy Tech.) Lateral Entry
- ☐ B.Sc. (Cardiac Care Tech.) Lateral Entry
- ☐ B.Sc (Emergency Med. Tech.) Lateral Entry
- ☐ Bachelor in Health Information Management Lateral Entry
- ☐ BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) (As it appears in the School Certificates)



Mr./Ms. SHILPA DEBBARMA

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority [Please Tick any one(s)]

2 **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 14/02/1998 (D D M M Y Y Y Y) Blood Group AB+ Mobile 7650807108

E-mail SHILPADEBBARMA699@GMAIL.COM

Parent's Name Mr./Ms. SAMIRAN DEBBARMA

Tel (Res) _____ (STD Code) (Mobile) 9612595983 Nationality INDIAN

Present Address HARI NATH SADAR PARA

PO-RADHAPUR, PS-RADHAPUR PIN-799045

TRIPURA

Permanent Address HARI NATH SADAR PARA

PO-RADHAPUR PS-RADHAPUR

TRIPURA 799045

3a **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School	City	Board*/ University	Medium of Instruction	Year of Passing	% of Marks / CGPA	Subjects covered
X	HONTFORT H.R. SCHOOL	CHANDIGARH	CBSE	ENGLISH	2015	69%	HINDI, SCIENCE, SST, ENGLISH
XII	NATIONAL INSTITUTE OF OPEN SCHOOLING	NOIDA	NIOS	ENGLISH	2019	64%	ENGLISH, MATHS, PHYSICS
Graduation	UNIVERSITY OF SCIENCE AND TECHNOLOGY, MEGHALAYA	MEGHALAYA	USTM	ENGLISH	2025	5?%	BSC MICROBIOLOGY

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956

Application No: IUTAH-823- 0388

Please submit the completed Application Form to University Campus,
Agartala-Sabroom Road, PO Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Please Tick (✓) the program you wish to enroll

- [ ] B.Sc (Dialysis Therapy Technology)
- [ ] B.Sc (Cardiac Care Technology)
- [ ] B.Sc (Emergency Medical Technology)
- [ ] Bachelor in Health Information Management
- [ ] BMLT
- [✓] MMLT
- [ ] B.Sc (Dialysis Therapy Tech.) Lateral Entry
- [ ] B.Sc (Cardiac Care Tech.) Lateral Entry
- [ ] B.Sc (Emergency Med. Tech.) Lateral Entry
- [ ] Bachelor in Health Information Management Lateral Entry
- [ ] BMLT Lateral Entry

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. RUPAN DEBBARMA

Gender: [✓] Male [ ] Female [ ] Transgender

Whether You belong to: [ ] SC [ ] ST [✓] OBC [ ] Minority [Please Tick any one(✓)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 06071997 Blood Group AB+ Mobile 8798832494

E-mail drupan888@gmail.com

Parent's Name Mr./Ms. HEMLAL DEBBARMA

Tel (Res) _____ (Mobile) 9485456773 Nationality INDIAN

Present Address VILL-JAMTHUM PO-JAMTHUM
PS-KACHUCHARA SUB-KAMALPUR DHALAI
KAMALPUR TRIPURA

Permanent Address VILL-JAMTHUM PO-JAMTHUM
PS-KACHUCHARA SUB-KAMALPUR DHALAI
KAMALPUR TRIPURA

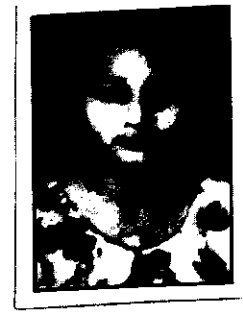
ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School	City	Board* University	Medium of Instruction	Year of Passing	% of Marks CGPA	Subjects covered
X	G.S.P.H.S	Amboassa	T.B.S.E	Bengali	2014	338	7
XII	N.I.O.S	Agartala	N.I.O.S	English	2020	273	6
Graduation	Govt. Degree college	Kamalpur	T.U	English	2023	6.66 (65)	4

ICFAI UNIVERSITY TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8415952506, Fax 0381-2865752/62

PERSONAL INFORMATION



*Courses offered:	B.Lib.I.Sc - 1 Year
*Admission Number:	IUTON-823-026
*Student Name: (As per the 10+2 Certificate)	PURNIMA PALARIYA
*Father Name:	BAIJNATH PALARIYA
Mother Name:	-
*Date of Birth:	-
Identification Marks: (As per the SSC Certificate)	
1.	-
	-
*Nationality:	Indian
Aadhar Card No:	-
Native Place & State:	-
*Student Mobile:	9863309911
*Student E-mail:	purnimapalariya1998@gmail.com
*Father Mobile:	9436496746
Mother Mobile:	-
*Gender:	Female
*Community:	General

CONTACT INFORMATION

Permanent Address	
*Country:	India
*State:	Tripura
District:	Dhalai
H.No:	H.No
*Locality:	AMBASSA
*Village/City:	AMBASSA
*Pincode:	799289
Tel: (R):	-
(O)	-
-	
Address for Communication	
Country:	-
H.No:	-
Locality:	-
Village/City:	-

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0364

Please Tick (✓) the program you wish to enroll:

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)
☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics

☑ M.Lib.I.Sc (Integrated) 2yrs. ☑ ~~M~~ Lib.I.Sc (1yr)

ME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Ms. RAJESH DEBNATH

der : ☑ Male ☐ Female ☐ Transgender

ether You belong to ☐ SC ☐ ST ☑ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

RSONAL DETAILS (Use Capitals only)

e of Birth 08/04/2001 (D D / M M / Y Y Y Y) Blood Group ____ Mobile 9366942434

ail rajeshdebnath01@gmail.com

ent's Name Mr./Ms. Bijoy Krishna Debnath

(Res) _____ (STD Code) - Tel. No. (Mobile) 9612581804 Nationality INDIAN

sent Address Badhanghat, Ramthakur College

Agartala Tripura 799003 (State / Pin)

nanent Address Kathalia, Sonamura, South Males

Pon. Sepahijala Tripura

Tripura 799181 (State / Pin)

DEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
	Barjala Class XII Sch.	Belonia	T.B.S.E		2017	67%	
	Belonia Vidyapith Sch.	Belonia	T.B.S.E	Commerce	2019	51.4%	
ation	Ramthakur College	Agartala	T.U	B.Com.	2022	60.1%	

mission of mark sheets/ grade sheets of all examinations may lead to rejection of application form.

& Address of ollege achelor e)

Institute of Chartered Financial Analysis of INDIA, Kamalghat

City Agartala Pin 799210

State TRIPURA

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.
Please submit the completed Application Form to: University Campus.
Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 1107

Please Tick (✓) the program you wish to enroll:

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)
☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics ☑ M.Sc.I.Sc. (Int)

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. SAGAR DEBBARMA

Gender : ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

Paste a recent color photograph of size 3.5 x 4.5 cms. The photograph must not be larger than this box. Do not sign on the photograph and do not staple

PERSONAL DETAILS (Use Capitals only)

Date of Birth 31/08/2001 (D D / M M / Y Y Y Y) Blood Group B+ Mobile 8787598464

E-mail sagardebbarma3388@gmail.com

Parent's Name Mr./Ms. NISHI KANTA DEBBARMA

Tel (Res) _____ (STD Code) - Tel. No. (Mobile) 8787598464 Nationality INDIAN

Present Address VILL+ RABI CHARAN CHOW PARA
PO RAJNAGAR PS CHAMPAHOUR
KHOWAI TRIPURA 799207
City State Pin

Permanent Address VILL+ RABI CHARAN CHOW PARA
PO RAJNAGAR PS CHAMPAHOUR
KHOWAI TRIPURA 799207
City State Pin

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	DON BOSCO	BAIJALBARI	CBSE	ARTS	2018	62.2%	
XII	HINDI HIGHER SEC.	AGARTALA	CBSE	ARTS	2020	64.2%	
Graduation	ICFAI	KAMALGHAT	ICFAI	B.A. ENGLISH	2023	8.3 CGPA	
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form.

Name & Address of the College (for Bachelor Degree)
City
State
Pin

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 1086

Please Tick (✓) the program you wish to enroll:

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)
☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics ☑ Int. M.Lib (2 yrs)

1. **NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]**

Mr./Ms. BOYAR DEBBARMA

Gender : ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 26/02/2001 (D D / M M / Y Y Y Y) Blood Group B+ Mobile 7005432430

E-mail debbarmaboyar97@gmail.com

Parent's Name Mr./Ms. MANGAL DEBBARMA

Tel (Res) ____ (STD Code) - Tel. No. (Mobile) 9862675911 Nationality Indian

Present Address MANDAI NAKSHIRAI PARA WEST TRIPURA

AGARTALA (City) TRIPURA (State) 799045 (Pin)

Permanent Address MANDAI NAKSHIRAI PARA WEST TRIPURA

AGARTALA (City) TRIPURA (State) 799045 (Pin)

3. a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	E.M.R.S	B.C Nagar	CBSE	Arts	2018	45%	
XII	E.M.R.S	Khowai	CBSE	Arts	2020	61%	
Graduation	S.V.M.C	Mohanpur	T.University	Arts	2023	45%	
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form.

b. Name & Address of the College (for Bachelor Degree) SWAMI VIVEKANANDA MAHAVIDYALAYA MOHANPUR

City AGARTALA

State TRIPURA Pin 799210

ICFAI® UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT823- 0372

Please Tick (✓) the program you wish to enroll:

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons)
☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics ☑ Int M.Sc (2 yr).

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

✓ Mr./Ms. SAMSON DEBBARMA

Gender : ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

2. **PERSONAL DETAILS (Use Capitals only)**

Date of Birth 07/02/2002 (D D / M M / Y Y Y Y) Blood Group O+ Mobile 7085605949

E-mail dbsamson68@gmail.com

Parent's Name Mr./Ms. Sambhuram Debbarma

Tel (Res) _____ (STD Code) - Tel. No. (Mobile) 7085605949 Nationality INDIAN

Present Address HARI CHANDRA PARA P.O-CHAMPAK NAGAR
AGARTALA (City) TRIPURA (State) 799045 (Pin)

Permanent Address HARI CHANDRA PARA P.O-CHAMPAK NAGAR MOUJA-JIRANIA
AGARTALA (City) TRIPURA (State) (Pin)

3. a. **ACADEMIC RECORD: SCHOOL / COLLEGE**

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	Montfort H.S School	Agartala	CBSE		2018	60.4%	
XII	Province college	Guwahati	AHSEC	Arts	2020	63.4%	
Graduation	ICFAI University	Agartala	ICFAI		2023		
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form.

b. Name & Address of the College (for Bachelor Degree) City State Pin

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West)

Application No. IUT823- 0868

Please Tick (✓) the program you wish to enroll:

☐ BA English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☐ B Sc Mathematics(Hons)
☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M Sc Chemistry ☐ M Sc Mathematics ☑ B.Ed.I.Sc.

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. PRITI DEBBARMA

Gender : ☐ Male ☑ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

PERSONAL DETAILS (Use Capitals only)

Date of Birth 22/06/2001 (D D M M Y Y Y Y) Blood Group A+ Mobile 8837327917

E-mail priti.debbarma9266@gmail.com

Parent's Name Mr./Ms. UTTAM DEBBARMA

Tel (Res) _____ (STD Code) Tel No (Mobile) 8837327917 Nationality Indian

Present Address MIL CHANDPUR COLONY, P/O Kamalghat, P/S Kadamtala, DIST: WEST TRIPURA, Pincode: 799121
AGARTALA TRIPURA 799121
City State Pin

Permanent Address DO
State Pin

ACADEMIC RECORD: SCHOOL / COLLEGE

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	JAGATPUR H/School	Agartala	TBSE		2017	37.2	All
XII	MOHANPUR H/S II	Agartala	TBSE	Arts	2019	90%	All
Graduation	Swami Vivekananda	Agartala	T.U		2022	6.96	All
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form.

Name & Address of the College (for Bachelor Degree)

City

State Pin

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT822- 1240

Please Tick (✓) the program you wish to enroll:

☐ BA. English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons) ☑ B.Lib. I.Sc
☐ MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics ☐ M.Lib.I.Sc ☐ Integrated M.Lib.I.Sc

NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. TANUSHRI CHAKRABORTY

Gender : ☐ Male ☑ Female ☑ Transgender

Whether You belong to ☐ SC ☐ ST ☐ OBC ☐ Minority ☑ Others [Please Tick any one(√)]

STRIVE FOR

PERSONAL DETAILS (Use Capitals only)

Date of Birth 19/03/1998 (D D / M M / Y Y Y Y) Blood Group B+ Mobile 8131874417

E-mail tanuchakraborty6688@gmail.com

Parent's Name Mr./Ms. RANJANKANTI CHAKRABORTY

Tel (Res) _____ (STD Code) - Tel. No. (Mobile) 8131874417 Nationality Indian

Present Address DASDABAZAR, NORTH TRIPURA

KANCHANPUR State TRIPURA Pin 799271

Permanent Address DASDABAZAR, NORTH TRIPURA

KANCHANPUR State TRIPURA Pin 799271

ACADEMIC RECORD; SCHOOL / COLLEGE

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	DRP Class XII school	Kanchanpur	TBSE		2014	38.14	
XII	DMR Govt. Girls H.S school	Dharmanagar	TBSE	Arts	2016	58.2	
Graduation	Govt. Degree College DMR	Dharmanagar	Tripura University	Arts (English Honours)	2019	4.85	
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form.

Name & Address of the College for Bachelor Degree)

GOVT. DEGREE COLLEGE, DHARMANAGAR

City DHARMANAGAR

State TRIPURA Pin 799250

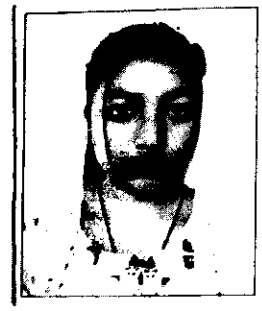
The ICFAI University TRIPURA

ICFAI UNIVERSITY TRIPURA

ICFAI University, Tripura
Kamalghat, Mohanpur, West Tripura Agartala - 799210
www.iutripura.edu.in email: admissions@iutripura.edu.in
Ph +91 8415952506, Fax 0381-2865752/62

Application form

EDUCATION PROGRAMS



Courses offered:

M.Lib. I. Sc. (Integrated) - 2 Years

PERSONAL DETAILS

Admission Number: IUTON-822-003
Student Name: MANASI DATTA
(As per the 10+2 Certificate)
Father Name: LATE MOHAN DATTA
Mother Name: SUMITRA SINHA DATTA
Date of Birth: 10/12/1998
Blood Group: O+
Identification Marks:
(As per the SSC Certificate)
1. -
2. -
Marital Status: Unmarried
Mother Tongue: MANIPURI
SSC / X H.T.No: -
Nationality: Indian
Aadhar Card No: 759956683274
Native Place & State: TRIPURA
Student Mobile: 8837017443
Student E-mail: manasidatta98dec@gmail.com
Father Mobile: 8837381761
Mother Mobile: -
Gender: Female
Community: OBC
Location: Agartala City Office

COMMUNICATION DETAILS

Permanent Address		
Country: India	**State:** Tripura	**District:** West Tripura

ICFAI UNIVERSITY

The ICFAI University, Tripura

Approved by UGC under Section 2(f) of UGC Act 1956.

Please submit the completed Application Form to: University Campus, Agartala-Simna Road, P.O. Kamalghat, Mohanpur, Agartala-799 210, Tripura (West).

Application No. IUT822- 1282

Please Tick (✓) the program you wish to enroll:

English(Hons) ☐ BA Psychology(Hons) ☐ B.Sc Physics(Hons) ☐ B.Sc Chemistry (Hons) ☐ B.Sc Mathematics(Hons) ☐ B.Lib. I.Sc

MA English ☐ MA Psychology ☐ M.Sc Physics ☐ M.Sc Chemistry ☐ M.Sc Mathematics ☐ M.Lib.I.Sc ☑ Integrated M.Lib.I.Sc

1. NAME OF THE APPLICANT (Use Capitals only) [As it appears in the School Certificates]

Mr./Ms. BISHAL DEBBARMA

Gender : ☑ Male ☐ Female ☐ Transgender

Whether You belong to ☐ SC ☑ ST ☐ OBC ☐ Minority ☐ Others [Please Tick any one(√)]

2. PERSONAL DETAILS (Use Capitals only)

Date of Birth 25/11/2000 (D D / M M / Y Y Y Y) Blood Group ____ Mobile 8413839657

E-mail dbishal7700@gmail.com

Parent's Name Mr./Ms. BISWAJIT DEBBARMA

Tel (Res) _____ (STD Code) - Tel. No. (Mobile) 9366099410 Nationality Indian

Present Address VILL-SINGIRBIL P.O-FULTALI

P.S-KAILASHAHAR UNAKOTI TRIPURA

City State Pin

Permanent Address VILL-SINGIRBIL P.O-FULTALI

P.S-KAILASHAHAR UNAKOTI TRIPURA

City State Pin

3. ACADEMIC RECORD: SCHOOL / COLLEGE

a.

Class	Name of the School/College	City	Board/ University	Stream (Science/Arts/ Commerce)	Year of Passing	% of Marks / CGPA	Subjects covered
X	RKSP	KIS	TBSE		2017	37%	
XII	RKSP	KIS	TBSE		2019	38%	
Graduation	RKM	KIS	TU		2022		
Others							

Non-submission of mark sheets/ grade sheets of all examinations may lead to rejection of application form.

b. Name & Address of the College (for Bachelor Degree): R.K. MAHAVIDYALAYA. KAILASHAHAR

City

State

Pin