

Shri Institute of Management & Technology

Regd No. F/9479

Application Form

FOR OFFICE USE ONLY

Enrollment No.	Year	Course	Counsellor

Affix a self attested
passport size photograph

Application for admission to: _____

Specialization in (Compulsory): _____

1. Full Name (in block letters)

Surname: _____

First Name: _____

Middle Name: _____

2. Father's Name/Husband's Name: _____

3. Mothers Name: _____

4. Date of Birth:

D	D	M	M	Y	Y	Y	Y

5. Address for Correspondence:

House No. : _____

Mohalla / Street : _____

City / Town / Village : _____

District : _____ State : _____ Pin Code : _____

6. Contact Number Office: _____ / Residence: _____

Mobile : _____ E-mail : _____

7. Permanent Address

House No. : _____

Mohalla / Street : _____

City / Town / Village : _____

District : _____ State : _____ Pin Code : _____

8. Whether Male Female Married Unmarried

10. Details of educational qualification from matriculation onwards (Please enclose certificate attested by a gazetted officer)

Examination Passed	University/ Board / Institution / Council of Examination	Year of Passing	Percentage marks	Division / Class / Grade

11. Work Experience (Stating with most recent one) :

12. Exam Option : Open Book Study Center Online

Signature of Candidate : _____

Verification/ Information to be furnished by the Head of Administration Department of the Institution:

It is verified that information filled in the above mentioned columns by

Shri /Smt/Kumari _____ S/o, D/o, W/o Shri _____ who is admitted

In _____ course for the session _____ in _____ branch is correct.

Total Course Fee : Rs _____ Date _____

Payment Details Cheque / Cash / DD / Online / Credit Card _____

Signature & Stamp of the Authority