



SP MEMORIAL INSTITUTE OF TECHNOLOGY, KAUSHAMBI

REGISTRATION FORM

Course : Diploma Diploma (Lateral) B.Tech. B. Tech. (Lateral) BBA BCA MBA

Name

(As per High School Certificate) in Capital letter

Office use only

Date of Birth Nationality Sex Male Female

Reg. No.

Father's Name

(As per Matriculation)

140469

Father's Occupation

Mother's Name

Father's Designation & Organisation/Business

PH/SC/ST/OBC/Genral

Parmanent Address (in Capital letter only)

PASTE YOUR PHOTO HERE

Correspondance Address (in Capital letter only)

Telephone Nos. with STD Code 1. 2.

Candidate's Mobile No. if any Parent's/Guardian Mobile No.

ACADEMIC RECORD

Name of Exam.	Board/University	Year	Subjects	PCM' Percent (%)

ENTRANCE EXAMINATIONS

Name of Ent. Exam.	Roll No.	Rank
UPTU-SEE		
AIEEE		

Applied Branch : CS IT EC EN ME CE

Hobbies/Extra Curricular Activities :

Any other Information

DECLARATION :

I.....hereby declare that the information given by me in this form is correct to the best of my knowledge and belief. I have not concealed any fact or material information and I duly possess the minimum prescribed qualification, I understand that in case anything is found contradictory of false, my registration may be cancelled. I shall abide by all terms, conditions ruled and regulation of the College/ University/Government with regards to admissions.

Date

Signature of Father/Guardian

Signature of Applicant

For Office Use Only

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