



SHIVAM INSTITUTE OF SCIENCE AND TECHNOLOGY

MAHAVAN ROAD, GOPALPUR, MATHURA-220010

Phone No: 0565-2550060, 2550062

Email:-sgi.sist@gmail.com Website:- www.shivaminstitute.org

ADMISSION/APPLICATION FORM

Session - 20..... - 20.....

COURSES: Indicate choice of course(s) using tick mark e.g.

- | | |
|--|---|
| <input type="checkbox"/> Diploma in Mechanical Engineering (Pro) | <input type="checkbox"/> Diploma in Mechanical Engineering (Auto) |
| <input type="checkbox"/> Diploma in Electrical Engineering | <input type="checkbox"/> Diploma in civil Engineering |
| <input type="checkbox"/> Diploma in Electronics Engineering | <input type="checkbox"/> Diploma in Computer Science Engineering |

Year Session - (a) First Year (b) Second Year (c) Third Year

Photo

[To be filled in by the applicant in his/her own handwriting with Black Ball Pen and in Block Letters. Incomplete or illegible Form will be rejected.]

1- Applicant's Name : -----

2- Father's Name : -----

3- Mother's Name : -----

4- Occupation : -----

5- Category (Gernal/OBC/SC/ST) : -----

6- Permanent Address : -----

----- Pin -----

7- Correspondence Address : -----

----- Pin -----

8- Telephone Number (Reg.) : ----- Mobile -----

9- Mobile No (Student's) : -----

10- Date of Birth : ----- (In Figure) -----

11- Nationality : -----

12- Gender – Male/ Female : -----

P.T.O.

13- ACADEMIC QUALIFICATION –

S.No	Qualification	Board/ University	Year of Passing	% of Marks	Division Grade
1	High School				
2	Intermediate/ ITI				
3	Graduation				
4	Others				

14- Enclosed –

- 1-
- 2-
- 3-
- 4-
- 5-
- 6-

15- 1

Declaration: Joint declaration by student and parents / Guardian.

I herby affirm that the particular given in the applicant are true and correct.

Date:-

Place :

Signature of Guardian

Full Signature of Student

Signature of admi. Incharge

Signature of Principal