



# SHRI MOTI SMRITI INSTITUTE OF TECHNOLOGY

Adalpur Taj, Kailsa Road, AMROHA (U.P.)-244221

Affiliated to BOARD OF TECHNICAL EDUCATION U.P. & Approved by AICTE, New Delhi

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## APPLICATION FOR REGISTRATION

S.No.

Date \_\_\_\_\_

1. Name of the Course	_____	Affix Passport Size Photograph
2. Name of the Applicant	_____	
3. Father's/Guardian's Name	_____	
4. Father's Occupation	_____	
5. Mother's Name	_____	
6. Permanent Address	_____	
Signature		
7. Mobile No.	_____	Phone No. _____
8. Email ID	_____	@ _____
9. Annual Income	_____	10. Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
11. Date of Birth	____/____/____	(DD/MM/YYYY)
12. Educational Qualification	_____	

Exam/ Course Passed	Degree/ Diploma	Univ./ Board	School/ College	Subjects	Year of Passing	% Marks
Secondary/High School						
10+2 or Equivalent						
Graduation						
Post Graduation						
Any Other						

13. Category (Gen/OBC/SC/ST) \_\_\_\_\_ 14. Hostel Required : Yes  No

15. Registration Amount Deposited \_\_\_\_\_ D.D. No. \_\_\_\_\_

### Declaration by Applicant

I hereby declare that all the information given above by me is true to the best of my knowledge and understanding. In case of any false / incorrect information, I will be solely responsible for the same.

\_\_\_\_\_

Signature of Father / Guardian

\_\_\_\_\_

Signature of the Applicant