



SHIVDAN SINGH INSTITUTE OF TECHNOLOGY & MANAGEMENT

ALIGARH (U.P.)

Application No.

2100

APPLICATION FORM FOR ADMISSION SESSION : 2010 - 2011

UPSEE Roll No.: _____

UPSEE Rank : _____

(✓ the appropriate one)

Attested Passport size Photograph to be posted here

1. a) B.Tech. Course CS IT EC EN ME AG
- b) Pharma Course B.Pharma M.Pharma (CHEM) M.Pharma (CEUTICS)
- c) Management Course MBA BBA
- d) Other Course MCA BCA B.Ed.
- e) M.Tech. Course PE (Eng.) MD (Eng.) CIS ECSO BHMCT

2. Name (In Capital Letters) _____

3. Date of Birth DD MM YY

4. Sex : Male Female

5. Father's Name _____

6. Occupation _____ If Service : Govt./Pvt. _____

7. Approx Annual Income _____

8. Name & Occupation of Guardian _____

9. Permanent Address _____ Postal Address (For Correspondence) _____

Pin Code Pin Code

Phone No. _____ Phone No. _____

Mobile No. _____ Mobile No. _____

E-mail _____ E-mail _____

Please attach photocopy of PAN Card / Voter ID Card / Photo of Father / Mother / Guardian

10. Nationality _____

11. Category : SC / ST / OBC / GENERAL (Tick the appropriate)

12. Educational Qualification : Please attach attested copies of marks sheets for each examination cited below.

Examination Passed	Board / University name with name of institution	Year of Passing	Division	% age of marks	Subjects
High School					
Inter / 10+2					
Graduation/ Diploma					

DECLARATION BY THE APPLICANT

1. I hereby agree that I shall pay full fee prescribed/received for the course by the Government/Institute authorities.
2. I hereby agree to make good of any loss or damage to books, apparatus, furniture and any other property belonging to the institute by carelessness, negligence on my part.
3. I hereby agree that I shall follow and adhere to all hostel rules and regulations promulgated by the hostel of Institute authorities from time to time. I am also aware that non-compliance of any matter will result in immediate expulsion from the hostel or even from the Institute as may be deemed fit by the authorities.
4. I am aware that smoking and drinking alcohol is strictly prohibited in the campus and the hostels and I assure that I shall abide by the same.
5. I hereby authorize the Institute to use any deposits made by me to the Institute for the development work related to the Institute.
6. I understand that association whether active or passive with any unlawful organization is forbidden. All the particulars stated in the application are true to the best of my knowledge and belief. I hereby declare that I have read and understood the rules & regulations of the institute and I promise to abide by the rules and discipline of the institute. Should it however be found that any information furnished is untrue, I realize that I am liable for criminal prosecution and expulsion from the institute.
7. If I am found involved in any kind of activities, which is directly related to ragging which is prohibited by the law of Hon'ble Supreme Court, I will be punished for that through the rules of the Institution.
8. I understand that once fee deposited will not be refunded by the Institute after the admission.

Date :

Signature of Applicant

Undertaking By the Parents / Guardian

In the event of the above applicant who is my son / daughter / ward being admitted to the institute, I hereby give an undertaking to pay regularly all his / her dues to the Institute, till his / her completion of the course of the course of studies. I also undertake to be responsible for his/ her character and conduct throughout his / her stay in the institute.

Date :

Signature of Parents / Legal Guardian

A/C COPY

Application No. :

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Account No. : - -

Name :

Father's Name :

Branch :

Fee Structure :

Fee Deposited :

Last Date of Fee Submission ::

Remark (If Any) :

Sign. of Student

Sign. of Parents / Guardian

INDUSTRIAL REFERENCE

Application No. .

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1. Name of Student :

2. Branch :

3. Details of Reference :

a) Name..... e) Name.....

b) Address (Resi.)..... f) Address (Resi.).....

c) Phone (R) :..... c) Phone (R) :.....

d) Phone (O) :..... d) Phone (O) :.....

e) Mobile No..... e) Mobile No.....

f) E mail address :..... f) E mail address :.....

g) Name & Address of Company..... g) Name & Address of Company.....

.....

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h) Website / Mail..... h) Website / Mail.....

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DECLARATION FORM

I Sun/Daughter
..... of of year
..... Branch Roll No Enrolment
No understand that :

1. I shall be governed by the norms regarding attendance as prescribed by U.P. Technical University ordinances for various programmes [approved by Academic Council in its meeting dated 6th Nov.2009 and by Executive Council in its meeting dated 9th Nov. 2009] as given below :-

2. I hereby declare that I have not paid any money on account of Donation / Capitation fee to the college for my admission.

3. ATTENDANCE

3. 1. Every student is required to attend all the lectures, tutorials, practicals and other prescribed curricular and co-curricular activities, the attendance can be condoned upto 25% on medical ground or for other genuine reasons beyond the control of students.

3. 2 A further relaxation of attendance upto 15% for a student can be given by Head of Institution/ college provided that he/she has been absent with prior permission of the Head of the Institution/college for the reasons acceptable to him.

3. 3 No student will be allowed to appear in the end semester examination if he/she does not satisfy the overall average attendance requirement of clause Nos. 3.1 and 3.2 and such candidate (s) shall be treated as having failed and.....

I understand that in case my attendance record do not satisfy clause nos. 3.1 and 3.2 above, I may be detained from appearing at the end-semester Examination.

Date :
residential Add.....
.....
.....
Phone No.....

Sign. of the Student

DECLARATION BY PARENTS

I understand that my son/ daughter/ward.....
has to satisfy the Norms regarding attendance as prescribed by U.P. Technical University Ordinances for appearing at the University Examination. I will take special care to see that my ward satisfy the said University Norms

Date :

Sign. of Parents / Guardian