## SKYLINE INSTITUTE OF MANAGEMENT & TECHNOLOGY

NH-28,Sahjanwa Gorakhpur, UP - 273209 <u>www.simtechedu.com</u>





Date :			Form No				
	REG	ISTRA	ΓΙΟΝ	FOR	RM		
		(Duly filled form with enclosures r	nust reach to Admission Offi	icer's)			
Programme Applied For Session: Title of the Course Applied:							ssport Size raph duly
Specialization (If any):-							sted by didate
1. Full Name in Capit	al Letters : (As in X Cert	ificate)					
2. Date of Birth DD/M	IM/YYYY						
3. Nationality:	If	Others:		4. Gend	der:		
5. Father's Name:			6.	Mother's Na	ame:		
7. Phone No.:	Mobile No.:						
Email ID:							
8. Address:-							
	spondence Addres	<del>_</del>	At	<u>Perr</u>	manent Add	<u>dress</u>	
710							
9. Academic Reco	ords: -						
Name Of Exam	Subjects	Во	ard / Unive	ersity	Year	of Passing	Percentage
Class X or equivalent							
Class XII or equivalent							
Graduation							
Any other (Specify)							
40 Eumaniana	/If A max/						

## 10. Experience (If Any)

Name of Company	Designation	Date of Joining   Year of Experice	

## 11.

To improve our reach, we will be thankful if you could fill up the following questionnaire:

How did you come to know about SKYLINE INSTITUTE OF MANAGEMENT & TECHNOLOGY and programs offered by

SKYLINE INSTITUTE OF MANAGEMENT & TECHNOLOGY?

	Source	Details	
Nev	/spaper /Magazine / Journal (Give Name)	Details	
	ntain Institute of Management & Technology website / E-mail		
	ommended by Faculty / Staff (Give Name)		
	ommended by your friend (Give Name)		
	gle / Yahoo Searches and alerts		
	ers (specify such as Twitter / Face book / Orkut etc.)		
Othe	sis (specify such as Twitter / Pace book / Orkut etc.)		
	<b>DECLARATION B</b>	Y APPLICANT	
of th that insti of in	application form is true to the best of my knowledge. I an enstitute, which are in vogue now as well as those, when I shall do nothing inside or outside the institute that goestute. I understand that if (1) any information herein is found is included in the content of the con	nich come into force from time-to-time. I further assu is against the discipline and orderly working of the and to be incorrect, (2) I am found indulging in any a able to any punishment as awarded by the Institute,	ire
Plac	e:	Signature:	
Date	):	Name:	_
Imp	ortant Instruction: Candidate is advised to keep a photocopy	of duly filled form with relevant enclosures and should ch	heck
_	titute	undate	
	regararry		
	FEE'S PAYMEN		
	Course Fee's (Rs) Pay At time of Admission rment Mode:	(Rs)	
Cash	$\cap$	D 1D 60	
Che	Cheque () eque/DD Details	Demand Draft ()	
	•	D (	`
Amou	int (Rs) Dated (/)  "SKYLINE INSTITUTE OF MANAGEMENT & 7	Drawn on (	_)
2. Wr 3. Sul	eque/DD should in favor of ite you Name and Application No. Back side of Cheque/DD. comit the dully filled from along with fee and documents at our Branch. 2's will not return/adjust in any circumstances.	ECTINOLOGI payable at Gorakiipui.	
	Check		
-	tant: Please ensure that you have enclosed the following documents / inform plete and rejected. You must also ensure that the enclosures are appended se items / documents		
1.	One attested photocopy of X pass / Matriculation / Secondary School Leav	ing Certificate	
2.	One attested photocopy of XII pass / Senior Secondary School Leaving Ce	ertificate	
3.	Attested photocopies of all mark sheets and provisional / final degree of UC	G. (For Admission in PG Programme)	
4.	Enclose 6 (six) passport size photographs by putting inside an envelope ar	nd your name written on the envelope.	
5. In case you are seeking Lateral Entry to Second year of the B.Tech/Diploma Programme attaches Provisional / final certificate including mark sheets of the ITI/Diploma /B.Sc. Programme undergone by you.			
6.	If you are employed, attach details of employer (Name, Address, and Cont Sponsorship letter from employer for enrolling in this university.		
	for office us	e only	

1. Centre Code:	2. Centre Name & Address:
3. Consultant Name & No.:	