



# SATYA INSTITUTE OF MANAGEMENT & TECHNOLOGY

Campus: C-56/4 Sector 62, Noida-201307 (U.P.)  
Tel: 0120-2402649, 3292803 Mobile : 9899269899, 9810180014  
Fax: 0120-2402648 Website: www.kathuriagroup.com

Form No. : SIMT-

## Admission form : Year 200 to 200

Please Fill Form in Block Letters

Course :

Duration :

STICK  
SELF ATTESTED  
PHOTOGRAPH

First Name :

Middle Name :

Last Name :

Date of Birth :          Female  Male Marital Stauts    
D D M M Y Y Y Y M / S

Nationality :

### Mailing Address

Address :

Pin Code :  Telephone :

Email :

### Permanent Address

Address :

Pin Code :  Telephone :

**Educational Qualification**

COURSE COMPLETED	Board / University	Year of Passing	Grade / % Received	Rank / Scholarship Secured (if any)
Std. X				
Std. XII				
Graduation				
Post - Graduation				
Any Other				

**Please submit the following documents with application form :**

1. True copy of School Leaving Certificate.
2. True copy of the Mark sheet of 12th and/or True copy of the mark sheet of last examination passed or
3. Xerox attested copy of the Mark sheet of the last examination passed.

Total Work Experience as on 25th March, 200 \_\_\_\_\_ Year 

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 Months 

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**Work Experience Details**

Name of Organizations	Designation	Name of Responsibilities	Duration	Number of Year / Months

**Father's / Guardian's / Husband's Occupation, Designations, Annual Income & Official Address**

Occupation	Designation Held	Annual Income	Official Address

Extra Curricular Activities, Hobbies and Interest : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Student Declaration :**

I/We have acquired all the pertinent information relating to the Institute, the university & the course that I/We have selected to study. I/We agree to abide with all the rules & regulations of the Institute / University. All the information provided by me/us to the institute / university is authentic & correct to the best of my / our knowledge & belief.

Date : 

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**D D M M Y Y Y Y**

\_\_\_\_\_  
Signature of Student

Signature of Parents

Remark :