SKYLINE INSTITUTE OF MANAGEMENT & TECHNOLOGY

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NH-28,Sahjanwa Gorakhpur, UP - 273209 www.simtedu.in Email: info@simtedu.in / verification@simtedu.in

Date :			Form No						
	REGI	STRAT	ΓΙΟΝ	l FO	RM				
		(Duly filled form with enclosures r							
Programme Applied For So Title of the Course Applied Specialization (If a						Photog atte	ssport Size raph duly sted by		
1. Full Name in Capit	ficate)					can	didate		
2. Date of Birth DD/MM/YYYY									
3. Nationality:		4. Ge	ender:						
5. Father's Name:	6. Mother's Name:								
7. Phone No.: Mobile No.:									
Email ID:									
8. Address:-									
At			At						
9. Academic Reco	ords: -								
Name Of Exam	Subjects	Board / University Year of		Year of Page 1	assing	Percentage			
Class X or equivalent									
Class XII or equivalent									
Graduation									
Any other (Specify)									
10. Experience (If Any)									
Name of Company		Designation D			Date o	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?

	NE INSTITUTE OF MANAGEM					
Source	Details					
Newspaper /Magazine / Journal (Give Nat						
Mountain Institute of Management & Technol	ogy website / E-mail					
Recommended by Faculty / Staff (Give Na	ame)					
Recommended by your friend (Give Name	e)					
Google / Yahoo Searches and alerts						
Others (specify such as Twitter / Face boo	k / Orkut etc.)					
I,this application form is true to the best o	of my knowledge. I ass	•	regula	tions		
of the institute, which are in vogue now that I shall do nothing inside or outside institute. I understand that if (1) any info of indiscipline or (3) I fail to pay the due which may even i n c I u d e s t r i k i n g	the institute that goes a rmation herein is found s in time, I shall be liab	against the discipline and orderly working to be incorrect, (2) I am found indulging le to any punishment as awarded by the	g of the g in any	e y act		
Place: Signature:						
Date:						
Important Instruction: Candidate is advise	ed to keep a photocopy of	duly filled form with relevant enclosures and	d should	check		
institute website	· · · · · · · · · · · · · · · · · · ·	•	pdate			
FEE'	S PAYMENT	DETAILS				
	Pay At time of Admission (Rs.)				
Payment Mode: Cash () Cheque ()		Demand Draft ()				
Cheque/DD Details	1 ~	V				
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Amount (Rs) Da 1. Cheque/DD should in favor of "SKYLINE INSTITU" 2. Write you Name and Application No. Back side of Ch 3. Submit the dully filled from along with fee and docun 4. Fee's will not return/adjust in any circumstances.	neque/DD.	Drawn on ()		
Important: Please ensure that you have enclosed the incomplete and rejected. You must also ensure that the t h o s e i t e m s / d o	_	on, without which your application will be consideredas	dl .			
One attested photocopy of X pass / Matriculation / Secondary School Leaving Certificate						
One attested photocopy of XII pass / Senior Secondary School Leaving Certificate						
Attested photocopies of all mark sheets and provisional / final degree of UG. (For Admission in PG Programme)						
4. Enclose 6 (six) passport size photographs by putting inside an envelope and 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 Contact No.), your work experience, NOC / Sponsorship letter from employer for enrolling in this university.						
for office use only						

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