

SWAMI DARSHNANAND INSTITUTE of MANAGEMENT & TECHNOLOGY

Please complete and return directly to...
the Admission Office
SWAMI DARSHNANAND INSTITUTE
of MANAGEMENT AND TECHNOLOGY
Gurukul Mahavidyalaya, Jwalapur
Haridwar -249404

Admission Form

E	^ 1	rr	n	7	V	_	
				- 1	-		ı,

Please paste recent passport size colour photo

plicant Profile	(To be compl	eted by the	Applicant)		colour photo here
Registering for Course					
Applicant Information					
Surname	Firs	st Name		Middle Na	me
Date of Birth (DD/MM/YYY	Ύ)				
Gender		Male		Female	
Category	Geneal	○ sc	ST	OBC	Others (specify)
Domicile	Uttarakhand		Others	(Specify)	
Parent Information					
Father's Name					
Mother's Name					
Home Addess					
City	PIN/ ZIP		State		Country
Phone	Mobile		E-mail		
Local Guardian					
Name					
Address					
City	PIN/ ZIP		State		Country
Phone	Mobile		E-mail		
Language(s) Known					
English		Hin	di 🔵	Other	(Specify)
Nationality					
Citizen of (Country)			Passport Nu	mber (if any)	
	Registering for Course Applicant Information Surname Date of Birth (DD/MM/YYY) Gender Category Domicile Parent Information Father's Name Mother's Name Home Address City Phone Local Guardian Name Address City Phone Language(s) Known English Nationality	Registering for Course Applicant Information Surname First Date of Birth (DD/MM/YYYY) Gender Category Geneal Domicile Uttarakhand Parent Information Father's Name Mother's Name Home Addæss City PIN/ ZIP Phone Mobile Local Guardian Name Address City PIN/ ZIP Phone Mobile Language(s) Known English Nationality	Registering for Course Applicant Information Surname First Name Date of Birth (DD/MM/YYYY) Gender Male Category Geneal SC Domicile Uttarakhand Parent Information Father's Name Mother's Name Home Address City PIN/ ZIP Phone Mobile Local Guardian Name Address City PIN/ ZIP Phone Mobile Language(s) Known English Mobile Hin Nationality	Applicant Information Surname First Name Date of Birth (DD/MM/YYYY) Gender Male Category Geneal SC ST Domicile Uttarakhand Others Parent Information Father's Name Mother's Name Home Addæss City PIN/ ZIP State Phone Mobile E-mail Local Guardian Name Address City PIN/ ZIP State Phone Mobile E-mail Local Guardian Name Address	Registering for Course Applicant Information Surname First Name Middle Na Date of Birth (DD/MM/YYYY) Gender Male Female Category Geneal SC ST OBC Domicile Uttarakhand Others (Specify) Parent Information Father's Name Mother's Name Home Address City PIN/ ZIP State Phone Mobile E-mail Local Guardian Name Address City PIN/ ZIP State Local Guardian Name Address Hindi Other in Name Language(s) Known English Hindi Other in Nationality

Passed	Year	Board/ University	Name of School/ College	Subjects	Mark
Class X					
Class XII					
Graduation					I
Post Graduation	1		l.		ı
Other (Specify)			ı		
ntrance Exan	nination				
Examination		Roll No.	Rank		Score
MAT					
CAT					
Other (Spec	cify)	1			
.ccommodati	on <i>(Subje</i>	ect to availability)			
		Required	○ Not	Required	
	dertal	G			
I hereby	ındertake tl	nat the entries made in the	form are true to the best of my kn	owledge and belief.	
		t that in case of any wrong ll get forfeited and I will ha	information/declaration, my reginer to the same.	stration/admission will sta	nd
					-
	Date			Signature of the Applican	t
1	Date			Signature of the Applican	it

7.

8.

Attested photocopies of the certificates must be enclosed for the testimony of eligibility, along with your rank/score-card.