

For Office Use

Application No: _____

University Roll No: _____

Dated: _____

University Enrolment No: _____

Year: _____



M. G. INSTITUTE OF MANAGEMENT & TECHNOLOGY

8th Milestone from Amausi Airport, Kanpur Road, Banthara, Lucknow (India)

Ph.: (0522) 650868, 08400227777, 09559041038

Affix your latest
Passport size
photo
(35mm X 33mm)
Do not use Staple

✓ Tick on the appropriate options

1. Name (In BLOCK Letters): As per High School Certificate

In English

2. Date of Birth: DD MM YYYY 3. Sex M F

3. Course: B.Tech

4. Branch: CE CH CS EC
EE ME Biotech

5. Domicile: _____

6. Mode of Admission UPSEE Management Others Handicap

7. Category: GEN SC ST OBC

8. Blood Group: A B AB O

Rh: Positive[+] Rh: Positive[-]

9. (A) Educational Qualification:

Exam	Board/ University	Year of Passing	Div.	Percentage Marks*			Aggregate % High School/PCM/ Diploma/Graduation
				Physics	Chemistry	Maths/Biology	
High School				NA			
Intermediate							
B.Sc. (For II Yr. Direct)							
Diploma (For II Yr. Direct)							

9. (B) Scholarship / Distinction / Honors / Award obtained: _____

10. **Father's Name :** _____
Occupation: _____
11. **Mother's Name :** _____
Occupation: _____
12. **Permanent Address:** _____

- Tel. /Mob.:** _____ **Email:** _____
13. **Local Guardian's Name and Address:** _____

- Tel. /Mob.:** _____ **Email:** _____
14. **Annual Income of Father/Guardian:** _____
15. **Extracurricular activities that you have participated or interested in (with level of participation):**
(A) Sports: _____
(B) Other activities: _____
16. **Hostel required:** Yes NO
17. **Bus facility required:** Yes NO
18. **Undertaking by student:**
(A) I hereby certify that the particulars furnished in the application form for admission are correct and the enclosed undertaking which is a part of this admission form and being enclosed separately has been understood and signed by me.
(B) For all legal matters the jurisdiction will be LUCKNOW courts only.
(C) College fee once deposited shall not be refunded under any circumstances.

Date: ___/___/___

(Signature of the Applicant)

ORIGINAL CERTIFICATES SUBMITTED

- | | | | |
|----------------------------|--------------------------|---------------------------|--------------------------|
| 1. X Standard Mark Sheet | <input type="checkbox"/> | 9. Graduation Certificate | <input type="checkbox"/> |
| 2. X Pass Certificate | <input type="checkbox"/> | 10. Graduation Mark Sheet | <input type="checkbox"/> |
| 3. XII Standard Mark Sheet | <input type="checkbox"/> | 11. Caste Certificate | <input type="checkbox"/> |
| 4. XII Pass Certificate | <input type="checkbox"/> | 12. Income Certificate | <input type="checkbox"/> |
| 5. Transfer Certificate | <input type="checkbox"/> | 13. Domicile Certificate | <input type="checkbox"/> |
| 6. Migration Certificate | <input type="checkbox"/> | 14. Character Certificate | <input type="checkbox"/> |
| 7. Diploma Certificate | <input type="checkbox"/> | 15. Medical Certificate | <input type="checkbox"/> |
| 8. Diploma Mark Sheet | <input type="checkbox"/> | 16. Gap Certificate | <input type="checkbox"/> |

Signature of Student

No. of Documents

Authorized Signatory