

Student Admission From



SWAMI VIVEKANAND INSTITUTE OF MANAGEMENT & TECHNOLOGY

Roll Number Allowed

Name of the Applicant

(In capital letters only)

Address for Correspondence

.....

mobile no Phone *(Residence)*

Name of Father / Mother

Nationality

Date of Birth

Educational Qualification : Mention details of all qualifications from Graduation onward.

Examination	University / Board	Year	% of Marks

Details of Experience *(if any)*

Details of Amount Paid

Permanent Address of the Applicant :

Email_ID _____

Date _____ Place _____

Signature of the Applicant

Affix your
passport size
photograph