



SHAHEED BHAGAT SINGH INSTITUTE OF MANAGEMENT & TECHNOLOGY

Campus : Industrial Area, G.T. Road, Sikandrabad-203205, Distt. Bulandshahr, Uttar Pradesh
Tel.: +91-5735-224131, Website : www.sbsimt.co.in, E-mail : sbsimt@gmail.com

REGISTRATION FORM

Affix Passport
Size Photo
Here

Course Name _____

Personal Information

Name of the Student

Mother's Name

Father's/Guardian's Name

Date of Birth

Male / Female Category _____ Caste _____ Religion _____

Correspondence Address _____

Permanent Address _____

Phone No.

E-mail : _____

Father/Mother/Husband Income _____ Income Certificate No. _____

Bank Name of Student _____ Branch _____

Account No.

EDUCATIONAL INFORMATION

Qualification	Roll No.	Board/University	Passing Year	% of Marks
10 th				
12 th				
Graduation				
Post Grad.				
Others				

I hereby declare that all the information given above is true & to the best of my knowledge.

Signature of the Student : _____

Date : _____

Signature Director / Centre Head

Seal of the Centre