



SUNDER DEEP GROUP OF INSTITUTIONS

NH-24 , Sunder Deep Nagar, Dasna , Ghazi bad – 2001001(U.P)
Telephone: +91 120- 2766468 , 2768492 , 2766554
Website: www.sunderdeep.org

Course Applied For

B.TECH MBA MCA B.PHARM B.ARCH B.HMCT PGDM

UPSEE/AIEEE/MAT/CAT/XAT Roll No.
Rank
% of Marks(qualifying Examination)
% of Marks in PCM (for B.Tech only)
Branch (CS /IT /ME /EEC/ EC)

Affix your recent color Photographs

1. Name of the Candidate -----

2. Father's Name -----

3. Mother's Name -----

4. Date of Birth

5. Gender Male Female

6. Category General S.C ST. OBC OTHERS

1. Permanent Address -----

----- Pin Code -----

Telephone No.s (with STD Code) ----- (M) -----

Email ID -----

8. Correspondence -----

----- Pin Code -----

Telephone No. (With Std Code)----- (M)-----

E- Mail- ID-----

8. Correspondence Address-----

----- Pin Code -----

Telephone No.s (with STD Code) ----- (M) -----

9. Academic Qualification (Xth Onwards)

Examination	Institution.	Year Of Passing	Board/ University	Marks Obtained	Max. Marks	% of Marks

10. Work Experience (if any)

S.No.	Organization	Designation	Period	
			From	To

11. If you have a local guardian , his /her name, relationship and address (Telephone No.)

Guardian's Name -----

Address -----

Telephone Nos ----- Relationship-----

12. Reference (s)

Please give the name and address two references below. Your references can be asked to provide a reference of your academic ability.(They should not be your parent / guardians).

(A) Name -----

Address -----

-----Pin Code -----

Mobile No. ----- E – Mail -----

13. Where did you know Friend /Relative Ex- Student Advertisement -----
about this Institute - Please Specify

DECLARATION : I hereby declare that the information given above or contained in the documents attached is complete in the documents attached is complete and correct. I understand that concealment or willful omission of facts will lead to cancellation of my admission or expulsion.

STUDENTS'S SIGNATURE

Date: -----

Parent's Signature

Registrar

Chief Admission Coordinator/Director

Date

OFFICE USE ONLY

Mode of Payment

D.D No. / ChequeNo. /Cash	Receipt No.	Dated	Amount

Accountant's Signature