



SMS INSTITUTE OF TECHNOLOGY

REGISTRATION FORM

Name

Father's Name

Address

.....

Phone : Mobile :

E-mail :

Educational Qualifications :

Exam	Year	Board	% PCM	% Agg. Marks
10 th				
10 + 2				

Whether appeared in SEEUPTU/AIEEE? Yes / No

Ranking in SEEUPTU/AIEEE :

Branch Preference : 1.

2.

3.

4.

Bus facility required Yes No

Hostel facility required Yes No

Date

Signature