S K BHARTI INSTITUTE OF TECHNOLOGY

Application Form

Candidate's Name			
Date of Birth	Day Month	Year	РНОТО
Father's Name			101
Mother's Name	7		\6\1
Postal Address			
Permanent Address			
Mobile No.	E-Mail		
Educational Qualification-			
Course	Board	Year	Percentage
High School		/31	3 /
Intermediate			*/
Graduate	9/		
Post Graduate	35 AM 50	ran Mis	
Other	2.0 PH	11990	
Course Name		Course	e Code
Declarations-:			
a) I hereby declare that I agree with the all terms and conditions of the Institute.			
Date:			Signature of Candidate
Place:			
b) Now, the above candidate is a regular student of the Institute.			
Date:			Head of Institute
Place:			