

KAMLA NEHRU GROUP OF INSTITUTIONS

Sultanpur (UP) - 228 118

Form No.

Rank in UPSEE/AIEEE Rank	
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CAT/MAT Rank	
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APPLICATION FORM FOR ADMISSION

Please Tick the Course Applied for

Four Year B.Tech	Four Year B. Pharma	Two Year Full Time MBA	Three Year MCA	Two Year M.Pharma
Approved by AICTE & Affiliated to UPTU, Lucknow	Approved by AICTE, PCI New Delhi & Affiliated to UPTU, Lucknow	Approved by AICTE & Affiliated to UPTU, Lucknow	Approved by AICTE & Affiliated to UPTU, Lucknow	Approved by AICTE, PCI New Delhi & Affiliated to UPTU, Lucknow

Attach a Self Certified Copy of UPSEE / CAT / MAT / AIEEE SCORE CARD, Short listed Candidates are required to bring the Original Score Card with them at the Time of GD/PI.

1. PERSONAL DATA (To be filled in BLOCK LETTERS)

1. First Name..... Middle Name.....
Last Name.....
Date of Birth (Day)..... (Month)..... (Year)..... Sex (M)..... (F).....
Category : GEN OBC SC/ST
Nationality :.....
Marital Status : Married Single
Domicile : UP..... Other State.....

Affix here Applicant's New Passport Size Colour Photograph

2. FAMILY DETAILS

Name of Father Name of Mother :.....
Total Brothers :..... Total Sister :..... Father's Profession :.....
Contact No. of Parent : Office :..... Residence :..... Mobile :.....
Annual Income

3. ADDRESS OF THE CANDIDATE (To be filled in BLOCK LETTERS)

(i) Permanent :..... Pin Code :.....
(ii) Mailing :..... Pin Code :.....
(ii) Contact Detail : Mobile :..... Tel. STD Code No.....
Email ID :.....

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ACKNOWLEDGMENT, B. Tech / B. Pharma/ MBA / MCA / M. Pharma

Received from..... on
Address.....

Phone No. with STD Code : E-mail :

Date :

Signature of Issuing Authority

4. Educational Qualification : (Beginning with the most recent Degree/Diploma earned and going backwards up to High School in chronological order-list, only formally recognized courses)

Sl. No.	Year		Degree	Institution	University	% of marks	Major Sub	Div.
	From	To						

5. Academic/Professional Accomplishments : (Awards/Medals/Prized/Scholarships/Certificates/Honours etc.)

Name of Award	Awarding Institution	Year

6. Extra-curricular Activities (Extra curricular / community / cultural activities / sports & games, Indicate position or office held, if any).

Activity	Position / Role	Year From	Year To	Remarks

7. Would you require Hostel Accommodation?

a. Yes b. No.

8. DECLARATION

I certify that the particulars given by me are true to the best of my knowledge and belief, I understand that institute administration, will have the right to ask me to withdraw from the programme if any, discrepancies are found in the information furnished. I will also abide by the general discipline and norms of conduct during the programme. I hold myself responsible for the dues and prompt payment of fees.

Place : Signature of the Candidate

Date : Signature of Father/Mother/Guardian.....

Please ensure that Registration Form is complete in all respects. Incomplete Regn. Form will be rejected.