NOMENS CONTROL OF THE REAL OF	Application for Admission to Second Year //Third Year //Final Year B.Tech For the Academic year 2023-24 USHA MITTAL INSTITUTE OF TECHNOLOGY S.N.D.T. Women's University, Sir Vithaldas Vidya Vihar, Juhu, Santacruz (W), Mumbai – 400 049. Tel.No. 022 – 26606040 (O), 022 – 2660 5183 (P), Fax.No. – 022 – 2660 5183.									Please paste a passport size Photograph here, Do NOT Staple (Photo should not exceed			
Roll No.: Branch Name :										t	he bor	ders)	
Kindly read important notes before filling-in form: Student should sign strictly inside 1. Use black ink to fill in the form and Do NOT overwrite. 2. Fill in all fields in CAPITAL Letters only													
Applying for Concess	mitted against which Category : Open / Reserved				If Reserved Specify :								
1. Personal Information Section													
				Last Name	t Name First Name				Middle Name				
Name of the Student (in case of changed name write current r													
Name of the Student	: (In Devanagari)												
Name of the student as printed on Std. XI Passing Certificate													
Father's / Husband's Name													
Mother's Name													
Previous name of the (In case of changed n													
Reason for name change : Willingly / After Marriage Marital Status : Unmarried / Married / Divorced / Widowed													
UMIT Permanent Roll No.:					Date of Birth (DD/MM/YYYY) : / /								
Place of Birth :				Blood Group	Blood Group (with Rh) :								
Religion :				Citizen of (Co	Citizen of (Country Name) :								
Students Location Ca	tegory : Rural / Ur	ban / Tr	ibal										
Address for Correspo	ndence :												
State : Dis			strict : Tehsil : City/Town/Village :										
Address :													
(House no, Street / A	rea / Suburb etc.)												
						PIN Code							
Permanent Address	Write only if diffe	rent tha	n ' Address f	or Corresponde	nce']								
State : D		Distri	ct :		Tehsil : City/			Fown/Village :					
Address :													
(House no, Street / Area / Suburb etc.)													
			PIN Co										
Contact Details :													
Phone #1: STD Code : Phone No.:				Phone # 2 : STD Code : Pho			ne No.:						
Mobile Number : Email ID :													
2. Legal Reservation Information Section :													
Domicile of State : Category : Op				Open / Reserved	/ Reserved if Reserved : SC / ST / DT(A) / NT(B) / NT(C) / NT(D) / OBC / SBC								
Caste :	Sub Caste : If Physically Challenged : Visually Impaired / Speech and / or Hearing Impaired / Orthopedically Impaired / Learning Disabled												

3. Guar	dian Information Sect	tion :								
Occupat	ion of the Guardian : Sei	rvice / Business / Profession	rer / Retired	Annual Income of the Guardian (Rs.) (last financial year)						
Relation	ship of guardian with ap	plicant :		Phone No.:						
	ational Details Sectio Qualifying Exam Details									
Students Location Category : Rural / Urban / Tribal										
Name of the Qualifying Examination : Year Year of Passing Seat No. G.P.A. Remarks										
	Year	Year of Passing	Seat	INO.	G.P.A.	Remarks				
5. Attached Documents and Certificates Section :										
Sr.No.	Name of the Docum	ent / Certificate			Attested True Copy	Attached (Yes/No)				
1	Previous Semesters	Marksheet			Attested True Copy					
	FOR FREESHI/SCHO	LARSHIP STUDENTS								
1	Previous Semesters	us Semesters Marksheet Attested True Copy								
2		Caste Validity Certificate			Attested True Copy					
3		emy Layer Certificate			Attested True Copy					
4		e Certificate (Tahasildar /	Form No.16)		Attested True Copy					
5					Attested True Copy					
6 Current Year Fee Receipt					Attested True Copy					
7 One Photograph										
6. Othe	r Information Section :									
Mother	Mother Tongue : Employment Status : Employed / Unemployed									
Would y	ou like to apply for Host	el : Yes / No								
Personal Identification Marks : 1. 2.					2.					
7. Decla	ration by Student :									
I hereb	/ declare that, I have	read the rules related to	admission and	I the informa	ation filled in by me in th	is form is accurate and true				
					-	me and I undertake that, in				
	-		-			celled. I am aware of the				
Mahara	shtra Prohibition of I	Ragging Act, 1999, and I	state that I wil	l abide by al	I the rules and regulatio	ns of the said Act.				
Place: Date: Signature of the Student:										
8. Declaration by Guardian :										
I have permitted my daughter / son / ward to join your college. The information supplied by her/him is correct to the best of my knowledge. I have acquainted myself with the fees, dues and rules applicable to my daughter / son / ward and to see that she / he observes them.										
Place: Date: Signature of the Guardian:										
9. For College / Institute Use Only :										
Designation Remarks / Particulars / Recommendations Signature and D										
	on Clerk			סישומנטויב מווע שמנכ						
Admission Committee										
Account	tant	Receipt No.:								
	Administrative Officer									
Principa	Principal									