



SHIVA GROUP OF INSTITUTIONS

1) NAME OF THE APPLICANT (Write your name in block Letters as it appears in your 10th class marks card)

--	--	--	--	--	--	--	--	--	--

(□□□□□ □□□)

--	--	--	--	--	--	--	--	--	--

--

2) Date Of Birth

--	--	--	--	--	--	--	--

 (DD MM YYYY)

3) Sex Male Female **4) Blood Group**

5) E-mail id:-

--	--	--	--	--	--	--	--	--	--

6) Category(tick) Main: Gen SC OBC

Sub: Def FF IRDP Sports BA

7) JEE/HPCET/PAT Score **Marks Obtained** **All India Rank** **Rank HP State**

--	--	--	--

8) Father's Name :

--	--	--	--	--	--	--	--	--	--

(□□□□□

--	--	--	--	--	--	--	--	--	--

 □□□)

9) Mother's Name:

--	--	--	--	--	--	--	--	--	--

(□□□□□

--	--	--	--	--	--	--	--	--	--

 □□□)

10) Permanent Address **Correspondence Address**

Vill: P.O. : Tehsil: Distt: State Pin:	Vill: P.O. : Tehsil: Distt: State Pin:
---	---

11) Parents Contact Number.

Student Contact Number.

12) State

Nationality

Domicile

13) Educational Qualification

Exam	University/Board	School	Year	Marks Obt.	Max. Marks	%age
Matric						
10+2						
Diploma						
B.Sc.(NM)						

14) Hostel Required

Yes

No

15) Transportation Required

Yes

No

(if yes from where.....)

____ / ____ / ____

Dated

Student Signature

16) Course Preference:

B.Tech (Civil Engineering)	<input type="checkbox"/>
B.Tech. (Electrical & Electronics Engineering)	<input type="checkbox"/>
B.Tech.(Mechanical Engineering)	<input type="checkbox"/>
B.Tech(Computer Science and Engineering)	<input type="checkbox"/>

Diploma(Civil Engineering)	<input type="checkbox"/>
Diploma(Computer Engineering)	<input type="checkbox"/>
Diploma Mechanical Engineering	<input type="checkbox"/>

B.Pharmacy

Verification by the Admission Committee:

Certified that we have personally Checked the information filled by the candidate in the form, verified original Testimonials , composed these with attested copies & found all the information / Documents correct.

1) Name.....

Signature.....

2) Name:

Signature.....