

Saraswati Mandir Sanstha's

L.K.Phatak Institute of Technology and Management

(PITM)

1359, Shukrawar Peth, Bajirao Road, Pune – 411002. Ph. - 2446 0992 / 2443 2502

ADMISSION FORM

To,
The Director
L.K.Phatak Institute of Technology & Management.
1359, Shukrawar Peth,
Pune – 411 002

Photograph

Sir,

I seek admission to _____ course in _____. I have gone through the rules and regulation & prospectus given to me and I undertake to abide by the rules and regulations. I assure you to complete the Course / Assignments to your satisfaction.

Signature

My personal information is as follows

1. Full Name in Block Capitals :- _____
(Surname) (First Name) (Middle Name)

2. Date of Birth : _____ (According to L.C.) 3. Place of Birth : _____

4. Sex – Male / Female : _____ 5. Mother Tongue: _____

6. Address for correspondence : _____

_____ Tel No. (O) _____ (R) _____ (M) _____

7. Permanent Address : _____

_____ Tel No. (O) _____ (R) _____ (M) _____

8. Office Address : _____

_____ Tel No. (O) _____ (R) _____ (M) _____

9. Educational Background (Beginning with S.S.C) :

Examination Passed	Board / University	Year of Passing	% of Marks

10. Professional / Work experience :

Organisation	Designation	Period of Service	Nature of Work

11. Extra Curricular Activities : _____

FOR OFFICE USE

The candidate is eligible / not eligible and She / He is admitted / not admitted. She / He is allowed _____ Installments.

Certificates Attached	Certificates Required

Director / Co-ordinator

Accountant