



# SAS INSTITUTE OF IT & RESEARCH MOHALI

SESSION 2017-18

## REGISTRATION FORM

Course Applied for (please v)

MBA  BCA

MCA  BBA

Full Name :

Father's Name

Mother's Name

Date of Birth :

Caste: Open  SC/ST  OBC

**(Absolutely Free Admission for SC/ST Students)**

Full Address :

Tehsil/City/Town

District  State

Email

Pin

Contact No. Self

Guardian

### Details of Educational Qualifications

Examination Passed	University/Board/Institution	Year of Passing	Main Subjects	% Marks	Division/Grade
10 <sup>th</sup>					
12 <sup>th</sup>					
Graduation					

**Declaration:**

I declare that I have carefully understood the norms & procedure for taking admission at SASIIT. I am registering myself and understand that my admission is subject to completion of State University Counseling/Management Quota norms of AICTE. Imparting of education will be governed as per the norms and the regulation of PTU in any of the sister concern as permitted by regulating authorities as and when required.

Signature of the Applicant

**LIST OF DOCUMENTS SUBMITTED**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Counseled / Referred by : \_\_\_\_\_

Date : \_\_\_\_\_

Signature of Admission In-charge

**FEE DETAILS**

Date	Receipt No.	Amount	Signature of Accounts/ Authorized Signatory

Are you recommended by some one? Yes  No

If yes then specify the name of the person \_\_\_\_\_

Signature of the Student

Remarks

\_\_\_\_\_  
\_\_\_\_\_