ISO 9001:2008 Certified Institute



MARUTI INSTITUTE OF MANAGEMENT & TECHNOLOGY

Governed by Maruti Welfare Society Under Section 21, 1860 Govt. of U.P. H.O.: N4/7, Karaundi Crossing, BHU, Varanasi - 221005

Affiliated to National Early Childhood Care & Education, New Delhi (Govt. of NCT & MHRD)
Facilitation Center of NIELIT (National Institute of Electronics
& Information Technology (Govt. of India), New Delhi

Website: www.mimtinstitute.org • Email: info@mimtinstitute.org

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Seal & Sign. of Director (MIMT)

ENROLLMENT NUMB	BER										
COURSES APPLIED FOR						SE	SESSION:-				
1. Name of Applicant in	CAPITAL LETTE	CRS (In Eng	glish) : A	s per l	Matricul	lation Cer	rtifica	te			
2. Father's Name :-											
3. Mother's Name :-											
4. Sex Male	Female	5. Category GEN OBC					SC	SI			
6. DOB		7. Physically Handicapp					ped	Yes	N	0	
8. Nationality: India	8. Nationality: Indian Others (if others Please Specify)										
9. Religion (Write the re	elevant code in the	box)									
A1- Hindu B1- Muslim C1- Christian D1- Sikh E1- Jainism F1- C 10. Address for Correspondence (Do not repeat name)							F1- 0	thers			
To Address for Correspond	ondence (Bo not re	pear name)									
				+							
District											
State		Pin code									
11. Phone No. with STD	Code		Mobile					E-m	ail		
12. Employment Status	(Tick Only) 1. Em	ployed [2. Uno	employed			-		
13. Aadhar Numer* (Ma	andatory)										
14. Details of Education	al Qualification (Fi	rom Matric	ulation	onwar	ds)						
				ear of Subjec						Division	
Examination			Passing				/(Grade	
-		DECL	ARATIO	N						8	
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the originals. I have read	the prospectus and	d the rules	and reg	ulation	s of the	organiza	tion/L	Jniversit	y. In co	ise any	
information found incorrect at any stage, I agree to forego the fee deposited and also the claim for admission.											
Place & Date Signature	gn. (Guardian)	Sign. (A	12	_							

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6. DOB		7. Physically Handicapped Yes					N	0			
8. Nationality: Indian	n	Others (if other	s Pleas	se Speci	fy)				-	
9. Religion (Write the rele	evant code in the b	ox)									
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10. Address for Correspondence	ndence (Do not rep	eat name)									
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13. Aadhar Numer* (Mar	ndatory)										
14. Details of Educational					ds)						
Name of the Examination Name of University / Board			Year of Sub Passing				ect			Division / Grade	
I hereby declare that, inform further declare that the attes the originals. I have read t information found incorrect	sted Photocopies of t the prospectus and	he certificat the rules a	s true a es subm nd regu	nd cor itted b	y me at t s of the	he time of organiza	admistion/L	sion are Iniversit	e true co y. In ca	pies of se any	
Place & Date Sign	n. (Guardian)	Sign. (Ap	plicant								