



# SYMBIOSIS INSTITUTE OF GEOINFORMATICS

## Symbiosis International University

5<sup>th</sup> Floor, Atur Centre, Gokhale Cross Road, Model Colony, Pune – 411016 Tel: 020 -

25672841 / 43 Fax: 020 -25672842

Email: [enquiry@sig.ac.in](mailto:enquiry@sig.ac.in) , [admissions@sig.ac.in](mailto:admissions@sig.ac.in)

Website: [www.sig.ac.in](http://www.sig.ac.in)

To,  
The Director,  
Symbiosis Institute of Geoinformatics (SIG)  
Pune

Affix a recent  
passport size  
photograph here

Sir,

I wish to apply for admission to M.Sc. (Geoinformatics) for the academic year 20\_\_ - \_\_\_\_ .

### Personal Information

Name : \_\_\_\_\_  
(In Block Letters)      Last name                      First Name                      Middle Name

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ State: \_\_\_\_\_ (Male/ Female)

Category: Open       SC       ST       OBC       Kashmiri Migrant

International Student       Physically Handicapped

Address of Correspondence: \_\_\_\_\_

Phone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

E-mail: \_\_\_\_\_

Languages known : 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

Father's / Guardian's Name: \_\_\_\_\_

Designation / Occupation: \_\_\_\_\_

Office Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone No: (Office) \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Academic Career**

Examination Passed	Subjects	Month and Year	Name of the University	Total Marks Obtained and %	Division
Xth					
XIth					
Graduation					
Post Graduation					

**Sports, Games & Level of Achievement (State/University/ College etc Representation)**

**Extra Curricular Achievements (Music/ Art / Drama / Debate/ Any Other Activity)**

**Hobbies:** 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**Undertaking by the student**

- 1) I have read and understood the provisions given in the prospectus and undertake to abide by the same.
- 2) I have also read and understood the rules related to refund.
- 3) I hereby declare that the above mentioned information given by me is true to the best of my knowledge and belief.
- 4) I am also aware that any false information given will lead to cancellation of my admission and fees deposited will be forfeited.

Date:

Place:

Signature of the Applicant: \_\_\_\_\_