



SYMBIOSIS INSTITUTE OF GEOINFORMATICS

Symbiosis International University

5th Floor, Atur Centre, Gokhale Cross Road, Model Colony, Pune – 411016

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Email: enquiry@sig.ac.in , admissions@sig.ac.in

Website: 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. Tech. (Geoinformatics & ST) for the academic year 2017-2019

GATE ID _____ GATE SCORE _____

(Note: Appearing for GATE test is NOT mandatory to apply for SIG.)

Personal Information

Name : _____
(In Block Letters) Last name First Name Middle Name

Date of Birth: _____ Male/ Female _____

Place of Birth: _____ State: _____

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					

GATE SCORE (Optional) :

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 the cancellation of my admission and fees deposited will be forfeited.

Date:

Place:

Signature of the Applicant: _____