INDIRA GANDHI TECHNICAL INSTITUTE

(A UNIT OF SANJAY GANDHI MEMORIAL TRUST)
AFFILIATED & APPROVED BY NATIONAL INSTITUTE OF ELECTRONICS & INFORMATION TECHNOLOGY (NIELIT)
GOVERNMENT OF INDIA

APPLICATION FORM 201_ - 201_

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To, THE PRINCIPAL			
	ECHNICAL INSTITUTE HAL KORWA AMETHI UP	-227412	
Dear Sir, I would like to app	ly as a candidate according	g to my choice for the admission	on in the course.
(Please tick ($\sqrt{\ }$) or	n any one course).		
REPAIR & MAINTE	NANCE OF IMAGING EQU	IPMENT (X-RAY & ULTRASOU	ND MACHINE)
POST DIPLOMA IN	REPAIR & MAINTENANCI	E OF HOSPITAL EQUIPMENT	
	First Name	Middle Name	Last Name
Name of Student's			
Father's Name [
Mother's Name [
Guardian's Name [
Gender	Male Fer	male	
Category GEN	SC	ST OBC	OTHERS
Date of Birth			
Marital Status	Married	Unmarried	
Mobile Number			

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Aadhaar Number (If Applicable)	Aadhaar	EI	D		
Email Address					
Permanent Address					
District State	City Country	L	and Mark Pin code		
Correspondence Address					
District State	City Country	•	and Mark Pin code		
Educational & Technical Details					
Examination Passed	Board /University	Year of Passing	Marks Obtained	Division	Percentage
I understand that if any of the abo	ove given information is fou	nd false or inc	correct my ad	mission wil	l be cancelled.
Date	(Student Signature)				