

# STATE INSTITUTE OF INFORMATION TECHNOLOGY

No.

Registration Form/Examination Form



1. I wish to register for \_\_\_\_\_  
 Duration \_\_\_\_\_

2. APPLICANT'S NAME IN MARATHI

3. SURNAME (USE CAPITAL LETTERS ONLY)

FIRST NAME

MIDDLE NAME

Affix pasport size  
 photograph  
 Attested by ATC

4. POSTAL ADDRESS \_\_\_\_\_  
 \_\_\_\_\_ PIN

5. DATE OF BIRTH       6. Tel. No. :

6. EDUCATIONAL QUALIFICATION (S.S.C. Pass Certificate True Copy)

Exam Passed	Name of Board / University	Year of Passing	% of marks obtained

I agree to abide by the rules & regulations of the institute as they exist at present or as amended from time to time. I hereby state that the information provided above is true to the best of my knowledge.

Date :

Exam Date :

Name of Authorised Training Centre

Place : \_\_\_\_\_ Signature of Student \_\_\_\_\_

## HALL TICKET

1. Name of Candidate : \_\_\_\_\_

2. name of the Course \_\_\_\_\_

3. Roll No. of Candidate \_\_\_\_\_ 4. Exam Center \_\_\_\_\_

Name of the Authorised Training Centre

Online Exam. :   
 Date :   
 Time :

Affix Photograph  
 of the Candidate

(To be attested by SiIT)

Authorised Signatory

Signature of the Candidate