

Form No. \_\_\_\_\_



UTTARANCHAL  
UNIVERSITY

Arcadia Grant, PO- Chandanwari,  
Prem Nagar, Dehradun-248007 (Uttarakhand)  
Telephone No.: (0135) 2772135, 2773531, 2771946, 2771947,  
2771170, 2772154, 2771929, 3203276,  
Fax No.: 2772231  
E-mail : uit@uttaranchaluniversity.ac.in,  
uim@uttaranchaluniversity.ac.in  
Website: uttaranchaluniversity.ac.in



UTTARANCHAL  
INSTITUTE OF  
TECHNOLOGY



UTTARANCHAL  
INSTITUTE OF  
MANAGEMENT

(To be filled by candidate in CAPITAL letters)

Full Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Date of Birth Date   Month   Year  1  9

Gender Male  Female

Category GEN  SC  ST  OBC  Others

Sub Category (a) PH  FF  AF

(b) NRI  NRI Sponsored  PIO

Nationality \_\_\_\_\_

Domicile Uttarakhand  All India  Others

**Note:** For NRI/FNS/PIO, select domicile and category as others and for Kashmiri Migrant, select category as others.

Religion Hindu  Muslim  Christian  Sikh

Jain  Buddhist  Others

Present Address \_\_\_\_\_

District \_\_\_\_\_ Pin Code \_\_\_\_\_ State \_\_\_\_\_

Phone Number (Land line) \_\_\_\_\_ Mobile No. \_\_\_\_\_

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

## ACADEMIC DETAILS

Qualification	Board/ University	Subject	Year of Passing	Aggregate % of Marks	PCM/PCB% (for B.Tech)
10th					
10+2					
Graduation					
Diploma/Others					

## COURSE APPLIED FOR

### Diploma Course - 3 Years

Mechanical Engg.  Civil Engg.  Electrical Engg.

### Diploma Course (Lateral Entry) - 2 Years

Mechanical Engg.  Civil Engg.  Electrical Engg.

### Diploma Course

D.Pharm. - 2 Years

REGISTRATION FORM

**Under Graduate - 3 Years Degree Course**

BBA  BCA  B.Sc.(IT)  B.Com. (Hons.)  BA - Economics (Hons.)

**Under Graduate - B.Tech- 4 Years Degree Course : (Mark your preference for branches in numeric)**

Computer Science & Engg.  Civil Engg.  Electronics & Comm. Engg.   
 Mechanical Engg.  Electrical Engg.  Petroleum Engg.  Information Technology

**Under Graduate - B.Tech- 3 Years (Lateral Entry Course) : (Write your branch)**

B.Sc. Agriculture - 4 Years  B.Sc. Forestry - 4 Years  B.Sc. Food Technology (Hons.) - 3 Years   
 B.Sc. Horticulture - 4 Years  B.Sc. Physics(Hons.) - 3 Years  B.Sc. Biotechnology (Hons.) - 3 Years   
 B.Sc. Chemistry (Hons.) - 3 Years  B.Sc. Maths (Hons.) - 3 Years  B.Pharm. - 4 Years

**Post Graduate Courses**

MBA (Full Time) - 2 Years  M.Tech (ECE) - 2 Years  M.Sc. (Ind. Chem.) - 2 Years   
 M.Tech (Civil Engg.) - 2 Years  M.Tech (CSE) - 2 Years  M.Sc. Chemistry - 2 Years   
 MCA (Lateral Entry) - 2 Years  M.Sc. Physics - 2 Years  M.Tech (ME) - 2 Years   
 M.Sc. Maths - 2 Years  M.Sc. Agriculture - 2 Years

**QUALIFYING EXAMINATION**

Name of Examination	Roll No	Rank	Score
AIEEE/JEE-Main (B.Tech)			
GATE (M.Tech)			
MAT/CAT/CMAT (MBA)			
JEEP (Diploma)			
Others			

**UNDERTAKING**

I.....hereby undertake that the information filled by me in the registration form is true to the best of my knowledge, complete and correct. I am fully aware that misrepresentation of fact in my registration form will render me to be disqualified for admission to the course applied for and the registration fee paid by me will stand forfeited.

I am aware that any dispute arising there of, is subject to the jurisdiction of Dehradun Courts only.

Date \_\_\_\_\_

**Signature of Candidate**

**FOR OFFICE USE ONLY**

The following documents (Photocopy) received from the candidate:

- |                          |                          |  |                          |
|--------------------------|--------------------------|--|--------------------------|
| 1. X Standard Mark sheet | <input type="checkbox"/> | 2. XII Standard Mark sheet                           | <input type="checkbox"/> |
| 3. Graduation Mark sheet | <input type="checkbox"/> | 4. Entrance Examination Admit Card                   | <input type="checkbox"/> |
| 5. Caste Certificate     | <input type="checkbox"/> | 6. Domicile Certificate (For Uttarakhand State Only) | <input type="checkbox"/> |

**Registration Payment Details:**

Amount paid ..... Cash/DD No. .... Dated ..... Payable at .....  
 Date of Registration..... Fee Receipt No.....

**Signature of Admission In-charge**