Form	No.			



LIVE INSTITUTE OF

TECHNOLOGY & MANAGEMENT STUDIES

www.litms.com litms.info@gmail.com



REGISTRATION FORM

(Duly filled form with enclosures must reach to Admission Officer at above address)

	(Duly filled form with enclosures must reach to	Admission Officer at above address)
(Plea	gramme Applied For Session 201 - 201 se "√ "mark in appropriate box)	Affix Passport Size
	Diploma UG PG Research	Photograph duly
_		attested by candidate
	Title of the Programme(Select from Page 4)	
1.	Full Name in Capital Letters : (As in X Certificate)	
2.	Date of Birth DD/MM/YYYY	
3.	Nationality: (Write I for Indian and O for others)	If 'O' Specify
4.	Gender: (Write M for Male and F for Female)	
5.	Category: (Write G for General, S for SC, T for ST and O for 0	DBC)
6.	Phone No.:Mobil	e No.:
	e-mail address:	
7.	Father's Name:Occu	pation:
	Annual Income:Phone N	lo.:
8.	Mother's Name:Occ	upation:
9.	Local Guardian Name & Relationship with candidate:	
10.	Do you require Hostel Accommodation? (YES / NO):	
11.	Address:	
	Correspondence Address	Permanent Address
	Pin code:	Pin code:

Name of the School / 0	sonege last attended	With only location.			
Academic Records (X	Onwards):				
(a)	,				
Name Of Exam	Subjects	Board / University	Year of Passing	Percentage / CGPA	Re
Class X or equivalent					
Class XII or equivalent					
Graduation					
Post Graduation					
Any other (Specify)					
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