Swami Vivekanand Institute



Application Form

Course Name :			
Specialization :			
Counselor Name :			
APPLICANT DETAILS			
Name : (Surname) (First Name) (N	/liddle N	lame)	
D.O.B. DD MM Y Y Y Y			
Married : Unmarried : Nationality :			
Father's/Husband's Name :			
Mother's Name :			
Correspondence Address:			
Permanent Address:			
P I N			
Tel. No.: (M)			
(R) wtih STD Code			
(O)			
E-mail:			
Alternate E-mail :			

website: www.sviindia.in

Swami Vivekanand Institute



Academic Details :							VIVEKANAND
Qualification	Board/University	/ Passing Year	/Month	Grad	le / Class	Spec	cialization if any
Work Experience : (Starting with red	cent texperienc	e)				
Company Name	City/State	Designation	Fro Year/M	m ⁄lonth	To Year/Mo	onth	Remarks
(1)							
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9 2							
			1				

Exam Option:	From Home :	Study Center	·:	E-mail :	
Fee Paid : Rs	Cash.D.	D./Cheque/C.C. No	o.:		
Bank :		Rec	eipt No		

Declaration by Applicant: I declare that I have under stood the course aspect sand norms of Swami Vivekanand Institute. I assure to abide by the conditions and standards of the institute. I am fully ware that if I am found violatingany conditions then my admission may be can celled and I will be entirely responsible for it. I have follow wed the instructions for application.

Photocopy of Marksheet and certificates in proof of all examination passed must be attached. The application form along with the bank Drafts should be sent to the Institute though Courier/Speed Post.

For more than one application photocopy of this application form can not be used.

Fees once paid is non redundable under any circumstances.

Swami Vivekanand Institute (SVI) is an autonomous body, dedication to the Subject to development of management studies.

Subject to Agra Jurisdiction only.

ate:	Signature :

website: www.sviindia.in

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