



Sinhgad technical Education Society's
Sinhgad Institute of Technology, Lonavala.
Mentor/Teacher Guardian Scheme Registration Form

Academic Year 20__ - 20__ (Semester I / II)

Student
Photo

Student's Name: _____

Permanent Registration No.: _____ DoB: __ / __ / _____

Class & Branch: _____ Div: _____ Roll No.: _____ email: _____

Phone (Student): _____ Phone (Parent) : _____ Mother: _____

Occupation of Father: _____

Address For Communication: _____

_____ PIN: _____

Admission fee receipt no.: _____ Amount: _____ Date: _____

Previous Year's Records

Class/ Branch	Roll No.	Result of Sem. I	Result of Sem. II	Involvement in any major activity
FE ()				
SE ()				
TE ()				
BE ()				

Area of Interest: _____

Hobbies/ Skills: _____

I hereby undertake that: I shall maintain my attendance above 75%, and regular in all activities, otherwise I may not be allowed for appearing in the examinations.

Date: _____

Signature of student: _____

Sign and remarks of Mentor/Teacher Guardian: _____

Class Teacher: _____

HoD: _____