



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

Sinhgad Institutes

Student
Photo

Academic Year 20 - 20 (Semester I / II)

Student's Name: _____

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

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

Phone (Student): _____ Phone (Father) : _____ 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: _____



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Previous Year's Records

Class/ Branch	Roll No.	% age Result	Involvement in any major activity
12th			
CET			
JEE			
FE			

Area of Interest: _____

Hobbies/ Skills: _____

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Date: _____ Signature of student: _____

Sign and remarks of Mentor/Teacher Guardian: _____

Class Teacher: _____ HoD: _____