MAHARISHI VED VYAS GROUP OF INSTITIONS

Maharishi Ved Vyas Engg. College (Campus-I)

Jaroda Gate, JAGADHRI, DISTT. YAMUNA NAGAR (HARYANA)

Website: www.mvinstitutions.com, e-mail: mvinstitutions@gmail.com

National College of Polytechnic (Campus-II)

Ambala ROAD, JAGADHRI, DISTT. YAMUNA NAGAR (HARYANA)

Website: www.nationalpolytechnic.co.in, e-mail:ncpmsdl55@gmail.com

9355344247,9355243222,7206076202, 01732-247247

Admission Form (2017-18)

Photograph
One Paste &
Two Attach

Name of the Course enquired for _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ **Dated:** _ _ _ _ _ _ _ _ _ _ _

M.Tech (MVEC)		**Polytechnic (NCP)**	
B.Tech (MVEC)		**Polytechnic(LEET) (NCP)**	
B.Tech (LEET) (MVEC)			

1. Name of the Candidate _____

2. Father's Name _____ Father's Occupation_____

3. Mother's Name _____ Mother's Occupation_____

4. Date of Birth _____ 5. Nationality _____

6. Choice of the Branch (For M.Tech, B. Tech & Polytechnic Courses only)

[M.Tech streams - Computer Engineering, Mechanical Engineering, Electronics and Communication]

[B.Tech streams– Computer, Electronics and Communication, Mechanical, Civil, Electrical**]**

[Polytechnic Streams-Mechanical, Electrical, Civil, Electronics & Communication, Computer**]**

The candidates should mention the Branch in order of preference	**Order of Preference**
	1
	2

7. **Please tick the category you belong to (for statistical information only**):-

☐ Male ☐ Female

Gen ☐ SC (A) ☐ SC (B) ☐ BC(A) ☐ BC(B) ☐ PH ☐ Ex-Servicemen ☐ OBC ☐ Any other ☐

State Domicile _____ District _____

Candidate's Aadhaar No. _____ (Mandatory) Attach Photocopy

Email Id _____

8. Hostel: [ ] College Bus: [ ] Roadways Bus: [ ] Own Vehicle: [ ]

9. **Academic details:**

Name of Examination	***Month/Year of Passing***	***University/Board***	***Maximum Marks***	***Marks Obtained***	***% Marks and Division***	***Roll No.***
Matric						
10+2 of Equivalent**						
Graduation*						
Any Other*						

Mention name/stream of the course

10. **Full Postal Address for Correspondence**: ____

______________________City_____________________State_____________________Pin Code_________________

Mobile No.________________________________Alternate Phone No.____________________________________

11. Permanent Address:____

___________________________ City _________________________ State _________________________________

Phone (Mobile)________________________________ Alternate Phone No. _________________________________

12. Name and Address of Local Guardian, if any [For Hostel Candidates]

____Relationship _____________________________________ Mobile No.

____

_________________________________ ______________________

Signature of the Father/Mother/Guardian Signature of Applicant

--For office use--

Referral: Staff [ ] Student [ ] Other [ ]

Name & Phone No.: ____ Branch/College_____________________________

Total Fees Committed: ____

___________________________ ___________________________ ____________________

Admission co-ordinator Director/Principal Chairman/Secretary

- -

Name of the Candidate:.. . . . . Father's Name:. . . . . Course:. . . . .

Referral done by : ____

Commitment: ____

___________________________ ___________________________ ____________________

Admission co-ordinator Director/Principal Chairman/Secretary