

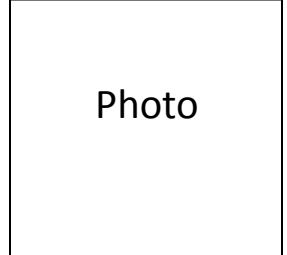


**SIR VITHALDAS THACKERSEY COLLEGE OF HOME SCIENCE (AUTONOMOUS)
S.N.D.T WOMEN'S UNIVERSITY**

Sir Vithaldas Vidyavihar, Juhu Road, Santacruz (W), Mumbai - 400 049.
Tel. : 26602504

Email : msd.svt2017@gmail.com Website : www.svt.edu.in

**SELF FINANCED PROGRAMS
ENROLLMENT FORM**
(Write in Block Letters)



Course: M.Sc. Specialized Dietetics

Name of the Student: _____
Surname Name

Father's / Husband's Name: _____

Address: _____

Date of Birth: _____ Age (as on 1st June 2018) _____

Contact No. (Residential) _____ Mobile: _____

Email: _____

Nationality: _____ Mother Tongue: _____

Religion: _____ Category : Open / BC / OBC / SC / ST

Aadhar Card No.: _____

Bank Details: (To be filled at the time of admissions)

Bank Name: _____ Bank Address: _____

Bank Account Number: _____ Account Type: _____

IFSC CODE: _____ MICR Number: _____

Were you a student of SVT Jr. College / Senior College (BSc. Home Science)

<p>How did you get to know about the Master/Diploma/Certificate courses?</p> <ul style="list-style-type: none"> • Academic Exhibition • College Website • Newspaper • Visit to College • Telephone • Any other (Pl. Specify)
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Education Details

Examination	Year of Passing	Name of the School/ College	Medium of Instruction English / Hindi	Name of Board	Total %age	Grade
PG DIPLOMA						
TY B.Sc						
S.Y.J.C (Std. XII)						
S.S.C I.C.S.E C.B.S.E OR ITS EQUIVALENT						

- Work Experience :

Name of organisation: _____ Designation: _____

Experience (Y/M)

Parent's Guardian Information

Mother's Name: _____ Father's Name: _____

Occupation: Mother _____ Father: _____

Education: Mother _____ Father: _____

Address: _____

Annual Income: Father _____ Mother _____

Tel. No.: (Res) _____ (Off) _____ Mobile: _____

Emergency Contact No& Name _____

E-mail: _____

Native Place Address (For availing travel concession) _____

Hobbies or special Interests:

Honors / Prizes won at School / College (Submit copies of Certificate)

Declaration

I certify that I will abide by the rules and regulations of the college.

Date :

Signature of Parent / Guardian / Husband

Signature of Applicant

Note: The course is for students meeting the eligibility criteria

For Office Use Only

Fees Paid _____ Date _____ Course _____