



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 : svtcollegehomescience@yahoo.co.in Website : www.svt.edu.in



ENROLLMENT FORM

Sr. No. :

(Write in Block Letters)

Course : Master's / Diploma / Certificate

Course Name : _____

Name of the Student : _____

Surname

Name

Photo

Father's / Husband's Name : _____

Address : _____

Date of Birth : _____ Age(as on 1st June 2017) _____

Contact No. (Residential) _____ Mobile : _____

Email : _____

Nationality : _____ Mother Tongue _____

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

Aadhar Card No. _____

Bank Details :

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) _____

How Did you get to know about the Master/Diploma/Certificate courses :

- Academic Exhibition
- Visit to College
- College Website
- Telephone :
- News Paper
- Any other (Pl. Specify)

Education Details

Examination	Year of Passing	Name of the School College	Medium of Instruction English / Hindi	Name of the Board	Total %	Grade
PG DIPLOMA						
TY BSc.						
S.Y.J.C. (STD. XII)						
S.S.C. C.B.S.E. I.C.S.E. OR It's 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 : _____

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

Emergency Contact No. _____

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 _____