

Application Form



Symbiosis Institute of Geoinformatics (SIG)

5th Floor, Atur Centre, Gokhale Cross Road, Model colony, Pune – 411016

Tel: 020 25672841 / 43 Fax: 020 25672842

Email: enquiry@sig.ac.in, admissions@sig.ac.in

Website: www.sig.ac.in

To,
The Director,
Symbiosis Institute of Geoinformatics (SIG)
Pune

Affix a recent
passport size
photograph here

Sir,

I wish to apply for admission to the Post Graduate Diploma in Geoinformatics / Post Graduate Diploma in Disaster Management / Certificate Course in Photogrammetry and Remote Sensing for the academic year 20__-__.

Personal Information

Name in full: _____

(In Block Letters) Last name First Name Middle Name

(Male/ Female)

Date of Birth: _____ Place of Birth: _____ State: _____

Category: Open SC ST OBC Kashmiri Migrant Others

Address for Correspondence: _____

Phone No: _____ Mobile No: _____

E-mail: _____

Languages known: 1) _____ 2) _____ 3) _____ 4) _____

Father's / Guardian's Name: _____

Designation / Occupation: _____

Office Address: _____

Home Address: _____

Phone No: (Office) _____ Home: _____ Mobile: _____

Fax: _____ E-mail: _____

Academic Career

Examination Passed	Subjects Offered	Month and Year	Name of the University	Total Marks Obtained and %	Division

Sports, Games & Level of Achievement (State/University/ College etc Representation)

Extra Curricular Achievements (Music/ Stage/ Debate/ Any Other Activity)

Hobbies: 1) _____ 2) _____ 3) _____

Undertaking by the student

- 1) I have read and understood the provisions given in the prospectus and undertake to abide by the same.
- 2) I have also read and understood the rules related to refund.
- 3) I hereby declare that the above mentioned information given by me is true to the best of my knowledge and belief.
- 4) I am also aware that any false information given will lead to cancellation of my admission and fees deposited will be forfeited.

Date:

Place:

Signature of the Applicant: _____