

Silicon Institute of Technology Bhubaneswar

Student Profile

PROFILE (Fill in BLOCK Letters)

Name:

Gender: DOB: Blood Group:

Caste: Religion: Mother Tongue:

Email ID: Mobile No.

SIC No. For official use only

ENROLLMENT

Regd. No: For official use only Course: B.Tech. / MCA / M.Tech.

Branch: AEI / CSE / ECE/ EEE / MCA Collage Name: SIT, BBSR

Lateral: YES NO Batch:

Semester: Reporting Date:

Hostel: YES NO Aadhaar No.:

QUALIFYING EXAM

Qualifying Exam: JEE (Main) OJEE Roll No.

JEE Main Rank: General/Odisha Rank:
(For Lateral/MCA/M.Tech.)

Admission Category:

FATHER DETAILS

Name: Occupation:

Email ID: Contact No:

MOTHER DETAILS

Name: Occupation:

Email ID: Contact No:

ADDRESS (Fill in BLOCK Letters)**Present Address**

C/o _____ At: _____

Po: _____ PS: _____

City: _____ Dist: _____

State: _____ Pin: _____

Permanent Address (Same to Present Address)

C/o _____ At: _____

Po: _____ PS: _____

City: _____ Dist: _____

State: _____ Pin: _____

Local Guardian Details:

Name: _____ Relation: _____

Email ID: _____ Telephone No: _____

EXAM PASSED

10 th Exam	Board/University	Institute Name	Year of Passing	Full Marks	Marks Secured	%
12 th /+2 Exam	Board/University	Institute Name	Year of Passing	Full Marks	Marks Secured	%
BA/BSc/BCom BBA Exam	Board/University	Institute Name	Year of Passing	Full Marks	Marks Secured	%

YEAR BACK INFORMATION

Year Back(If any)	Reason	No. of Years
Between 10 th & 12 th /Diploma		
Between 12 th /Diploma & Graduation/B.Tech.		
Between Graduation/B.Tech. & MCA/MBA		

Signature of Student

Silicon Institute of Technology

Bhubaneswar

Documents Submitted

Name:

SIC No.

	Yes	No
Final allotment letter of OJEE	<input type="checkbox"/>	<input type="checkbox"/>
Photo copy of JEE (Main) / OJEE Admit Card	<input type="checkbox"/>	<input type="checkbox"/>
Photo copy of JEE (Main) / OJEE Rank Card	<input type="checkbox"/>	<input type="checkbox"/>
Document verification Slip	<input type="checkbox"/>	<input type="checkbox"/>
OJEE Fees payment receipt copy of Rs. 10,000/-	<input type="checkbox"/>	<input type="checkbox"/>
10 th Mark Sheet	<input type="checkbox"/>	<input type="checkbox"/>
10 th Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Diploma Mark Sheet	<input type="checkbox"/>	<input type="checkbox"/>
Diploma Certificate	<input type="checkbox"/>	<input type="checkbox"/>
+2 / 12 th Mark Sheet	<input type="checkbox"/>	<input type="checkbox"/>
+2 / 12 th Certificate	<input type="checkbox"/>	<input type="checkbox"/>
+3 Mark Sheet	<input type="checkbox"/>	<input type="checkbox"/>
+3 Certificate	<input type="checkbox"/>	<input type="checkbox"/>
UG Mark Sheet	<input type="checkbox"/>	<input type="checkbox"/>
UG Certificate	<input type="checkbox"/>	<input type="checkbox"/>
PG Mark Sheet	<input type="checkbox"/>	<input type="checkbox"/>
PG Certificate	<input type="checkbox"/>	<input type="checkbox"/>
CLC / Transfer Certificate (School / College) Original	<input type="checkbox"/>	<input type="checkbox"/>
Character / Conduct Certificate of last institute (School / College) Original	<input type="checkbox"/>	<input type="checkbox"/>
Institute last attend (for NRI students only)	<input type="checkbox"/>	<input type="checkbox"/>
Blood Group (Original)	<input type="checkbox"/>	<input type="checkbox"/>
3 nos. Of Passport size colour photographs	<input type="checkbox"/>	<input type="checkbox"/>
Photo copy of ID proof / Address proof / Aadhaar Card	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Student

Silicon Institute of Technology

Bhubaneswar

Form of the Health Care

Name :

SIC No.:

Emergency Primary Contact:

Contact Person Relation: _____

Address: _____

Mobile No.: _____

Emergency Secondary Contact:

Contact Person Relation: _____

Address: _____

Mobile No.: _____

Medical History

Disease type: _____

Date of last occurrence: _____

Allergies / Drug sensitivities

Contact Person : _____

Reaction: _____

Date of last occurrence: _____

Treatment: _____