



DO NOT FOLD, PIN OR STAPLE THE FORM AS THE FORM WILL BE SCANNED  
**MAHARISHI UNIVERSITY OF INFORMATION TECHNOLOGY**

(University Established by State Legislature Act. of U.P. 31 of 2001)  
 IIM By Pass Sitapur Road, P.O. Maharishi Vidya Mandir, Lucknow-226013, U.P.  
 www.maharishiuniversity.ac.in

**ACADEMIC SESSION - 20.....-.....**

Passport  
 Size  
 Photograph  
 Self Attested

SIGN SELF ATTESTED

Read the instructions carefully before filling the form  
 Fill the boxes in CAPITAL Letter Only.  
 Use Black / Blue Ball Point Pen Only.

**1. Programme Applied For**      **Registration No. (To be filled by office)**

      

**2. Name of the Applicant (as in the High School Certificate)**

**3. Father's Name (Do Not Write Mr./Dr. etc.)**

**4. Mother's Name (Do Not write Mrs./Dr. etc.)**

**5. Permanent Address**

  


**District**

**Pin Code**

**STD Code**

**Phone/Mobile Number**

**Phone Number**

**6. Gender**

Male      Female  
     

**7. Resident**

Urban      Rural  
     

**8. Religion**

**9. Caste**

**10. Nationality**

**11. Blood Group**

**12. Date of Birth**

**13. E-mail**

**14. Correspondence Address**

**District**

**Pin Code**

**State**

**15. Subject Opted / Stream**

1.   
 2.   
 3.   
 4.

**16. Differently Abled**

       
 Yes      No

(For office use only)

**17. Remarks**