



Shri Rawatpura Sarkar Group of Institutions

# Shri Rawatpura Sarkar Group of Institutions

(UNDER THE AEGIS OF SHRI RAWATPURA SARKAR LOK KALYAN TRUST)  
Beside Vidya Hospital, Main Road, Shankar Nagar, Raipur (C.G)  
Website : [www.sri.ac.in](http://www.sri.ac.in), E-mail : [corpsri@gmail.com](mailto:corpsri@gmail.com)



Shri Rawatpura Sarkar Institute of Technology



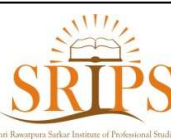
Ravi Shankar Institute of Technology and Management



Ravi Shankar Business School



Mother Teresa College of Nursing



Shri Rawatpura Sarkar Institute of Professional Studies



Shri Rawatpura Sarkar Institute of Pharmacy

### Course applied :

- Master of Business Administration (MBA)
- Post Graduate Diploma in Management(PGDM)
- Bachelor of Engineering (BE), Branch: \_\_\_\_\_
- B. Pharma     D. Pharma     M. Pharma
- B. Sc Nursing     M. Sc Nursing     P.B. Nursing
- B. Ed     D. Ed

Paste your  
Passport size  
Photograph  
with name on  
the front

### Entrance Test -

- MAT     CAT     Other
- PET     PPHT     PMT     AIEEE

### \*Personal Details

- 1 Name: Mrs./Mr./Miss. : \_\_\_\_\_  
Date of Birth: Day   Month   Year
- 2 Gender : Male  Female  Marital Status: Single  Married
- 3 Father's Name: \_\_\_\_\_ Father's Occupation: \_\_\_\_\_
- 4 Address for Correspondence : \_\_\_\_\_ Permanent Address : \_\_\_\_\_  
House No. \_\_\_\_\_ House No. \_\_\_\_\_  
Street: \_\_\_\_\_ Street: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Pin \_\_\_\_\_ Country \_\_\_\_\_ Pin \_\_\_\_\_ Country \_\_\_\_\_
- 5 Address for Correspondence Valid until(date)  
STD Code \_\_\_\_\_  
Telephone No. 1 \_\_\_\_\_ E-mail 1 \_\_\_\_\_  
Telephone No. 2 \_\_\_\_\_ E-mail 2 \_\_\_\_\_  
Mobile \_\_\_\_\_ Fax \_\_\_\_\_  
Convenient Time to Contact \_\_\_\_\_
- 6 In case of any health impairment or disability, please give details  
\_\_\_\_\_  
\_\_\_\_\_
- 7 Nationality \_\_\_\_\_

### \*Education Qualification

Level	Subject	Institution	Year		Aggregate Percentage
			From	To	
10 <sup>th</sup> Standard					
12 <sup>th</sup> Standard					

- 8 Interested Course : \_\_\_\_\_

**Educational Qualification Completed / Pursuing**

If you are already Graduated please mention your basic Qualification ( i.e. B.A., B.Com, B.Sc, B.E etc.)

If you are appearing for the final year /final semester examination, then indicate last exam marks(e.g. B.E VII semester)

Level	Course /Prog.	Board/University	Institution / College	Year		Aggregate Percentage
				From	To	
Graduation						
Post Graduation						
Other (s)						

If appearing for Final year Graduation examination, please mention the month and year of completion

Month : \_\_\_\_\_ Year: \_\_\_\_\_

Employment Details (in reverse chronological order)

Firm / Organization	Year		Duration (In months)	Designation	Role
	From	To			

Awards and Honour Received	Interests and Hobbies

**Source of Information about Shri Rawatpura Sarkar Group of Institutions:**

Please indicate how you came to know about SRI-Tech

- |   |  |
|---|--|
| <input type="checkbox"/> Advertisement in _____ Newspaper | <input type="checkbox"/> Advertisement in _____ Magazine |
| <input type="checkbox"/> My FM or other FM Radio Channels | <input type="checkbox"/> ATMA Bulletin                   |
| <input type="checkbox"/> AIMA-MAT Bulletin                | <input type="checkbox"/> Friends / Relatives             |
| <input type="checkbox"/> Students of SRI-Tech             | <input type="checkbox"/> Website                         |
| <input type="checkbox"/> Others ( Please Specify )        | <input type="checkbox"/> Brochure / Poster               |
|   | <input type="checkbox"/> Staff of SRI-Tech               |

**Signature**