

Gender







B.TECH APPLICATION FORM 2023 (PHASE-1) APPLICATION NO: 23011028733

Program And Campus Preference					
Campus Preference 1	SRMIST, Main Campus (Kattankulathur, Chennai)	Program Preference 1	Biotechnology	Specialization Preference 1	Biotechnology
Campus Preference 2	SRMIST, Main Campus (Kattankulathur, Chennai)	Program Preference 2	Biotechnology	Specialization Preference 2	Genetic Engineering
Campus Preference 3	SRMIST, Main Campus (Kattankulathur, Chennai)	Program Preference 3	Biotechnology	Specialization Preference 3	Regenerative Medicine
Personal Details	3				
Nationality			Indian		
Have You Studied From India?			Yes		
Student Aadhar No.			480289184947		
Full Name (As Per The Qualifying Examination Certificate)			PARAGI SETHIA	PARAGI SETHIA	
Mobile No.			+91-9826071280		
WhatsApp Mobile Number			+91-9826071280		
Email ID			jain.archu@gmail.c	om	
Alternate Email ID			sethiaparagi@gma	il.com	
Date Of Birth			10/08/2005		

Family Details			
Parent Details : Mother			
	Father	Mother	Guardian
Title		Mrs	
Name		ARCHANA JAIN	
Mobile Number		+91-9826071280	
Email Address		jain.archu@gmail.com	
Address Details			

Female

Address Details			
Address	123 jal enclave silver springs phase-1	Pin Code :	452020
Country Name : India	State: Madhya Pradesh	District : Indore	City: Indore

Academic Details			
Current Education Qualification Status: 12th Appearing			
	XII Details :	X Details :	
Institute Name	Rankers International school	Choithram School Kakad Nipania	
Board	Central Board Of Secondary Education (CBSE)	Central Board Of Secondary Education (CBSE)	
Mode of Study	Regular	Regular	
Marking Scheme		Percentage	
Percentage / CGPA		95.2	
Year Of Passing		2021	
Hall ticket No./Registration No.		L121502020132	
Address Of School/College	MW8X946 Nemawar Road Dudhiya Devguradia Indore Madhya Pradesh 452016	-	
NAD ID/Digilocker ID		-	

Payment Details		
Transaction ID	112828007874	
Payment Date	21/03/2023	
Mode Of Payment		

Declaration

I Certify That The Information Submitted By Me In Support Of This Application, Is True To The Best Of My Knowledge And Belief. I Understand That In The Event Of Any Information Being Found False Or Incorrect, My Admission Is Liable To Be Rejected / Cancelled At Any Stage Of The Program. I Undertake To Abide By The Disciplinary Rules And Regulations Of The Institute.

Applicant Name: PARAGI SETHIA	
Parent Name: ARCHANA JAIN	A STATE OF THE STA
Date: 21/03/2023	