



Drona's College

OF MANAGEMENT & TECHNICAL EDUCATION

(An Engineering College)

Approved by AICTE, Min. of HRD, Govt. of India, (Affiliated to Uttarakhand Technical University, D. Dun)
D.C.M.T.E. Campus, Sahastradhara Road, Dehradun, Uttarakhand - 248 001

Phone No. 0135-2607124 , 2655680

Fax No. 2607124

Web Site: www.dcmte.ac.in

E- Mail: info@dcmte.com

Registration Form-2011

Affix your
recent
passport size
photograph

1. Personal Data:

Name _____

Date of Birth: Sex (Tick) Male Female
D D M M Y Y

Nationality _____ Category (Gen/SC/ST/OBC) _____

Mailing Address _____

Tel. No. (With STD Code) _____ Mobile No. _____

Permanent Address _____

Mother's Name _____

Father's Name _____ Occupation _____

Father's Mobile/Landline Number _____

2. Course Opted:

B. Tech B.B.A. B.C.A. B.Sc.(I.T.)

3. Preference of Branch

- Computer Science & Engineering
- Electronics & Communication Engineering
- Electrical & Electronics Engineering
- Mechanical Engineering
- Civil Engineering

4. Academic Details

S. No.	Examination	Subject	Year of Passing	Max. Marks	Marks Obtained	%age
1	Intermediate (10+2)					
2	Diploma in Engineering Technology					
3	Graduation / Equivalent					

5. A.I.E.E.E./UKSEE Roll No _____

6. A.I.E.E.E./UKSEE Rank (Mention Only All India Overall Rank _____)

7. Language Proficiency

Hindi	English	Other (Specify)		
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8. Parents Information

Parent Name	Occupation	Organization	Designation	Specimen Signature
Father				
Mother				

Declaration

I declare that information furnished by me in the application from is true in all respects and in case any entry or information is found to be false, this shall automatic cancellation of my admission besides rendering me liable to such action as the University may deem proper. I hereby undertake that I have carefully gone through the eligibility conditions prescribed in the prospectus (Website) for the program I am applying for and shall appear in the entrance examination/Direct counseling of the Institute after satisfying myself that I do fulfill the same.

If at any stage it is found I do not fulfill the minimum prescribed eligibility criteria of the University my admission granted by the Institute be cancelled and I will have no right /claim towards the Institute.

Date -- Place Mobile
Telephone(Including STD Code) Fax No.

Parent Signature _____

Student Signature _____

Form No.

For Office Use Only

Name of Students Course

Address Father's Name

Checked by:

Cleared By:

Name & Signature: _____ Name & Signature: _____