



Charutar Vidya Mandal Institution
**Shantaben Manubhai Patel
 School of Studies & Research In
 Architecture and Interior Design**



New Vallabh Vidyanagar - 388121, Gujarat, INDIA

Telephone: 02692-238600, +91 9825805369, +91 9904221479

email: principal.smaid@cvmu.edu.in, office.smaid@cvmu.edu.in,
 admission@smaid.edu.in www.smaid.edu.in

Form Fee : ₹ 500/-

Form No.:

ADMISSION APPLICATION FORM

- | | | | |
|--------------------------------|--------------------------|--|--------------------------|
| 1. Bachelor of Architecture | <input type="checkbox"/> | 4. Master of Interior Design | <input type="checkbox"/> |
| 2. Bachelor of Planning | <input type="checkbox"/> | 5. Master of Urban and Regional Planning | <input type="checkbox"/> |
| 3. Bachelor of Interior Design | <input type="checkbox"/> | | |

Notes:-

1. Application Form should be filled by the applicant in his / her own hand writing in BLUE INK only.
2. Fill all details in " CAPITAL LETTERS" only.
3. Late submission of Application Form/certificate will not be accepted.
4. Applicants shall have to produce originals at the time of Admission.
5. SMAID is a Constituent Institute of CVM University, Vallabh Vidyanagar.

Affix your recent
 passport size
 photograph
 35 mm X 45 mm

Applicant Details

Surname	<input type="text"/>
First Name	<input type="text"/>
Middle Name	<input type="text"/>
Gender	<input type="text"/>
Single / Married	<input type="text"/>
Date of Birth	<input type="text"/>
Birth Place	<input type="text"/>
Caste	<input type="text"/>
Sub Caste	<input type="text"/>
Category	<input type="text"/>
Nationality	<input type="text"/>
Mother tongue	<input type="text"/>
Mobile No	<input type="text"/>
What's App. No	<input type="text"/>
Email ID	<input type="text"/>



**SHANTABEN MANUBHAI PATEL SCHOOL OF STUDIES & RESEARCH IN
 ARCHITECTURE AND INTERIOR DESIGN (SMAID)**



ACKNOWLEDGEMENT SLIP

Form No.:

Date : _____

Administrative Officer : _____

Communication Details

House Name & No.																				
Street / Area																				
City																				
District										State										
Country										Pin Code										
Land Line No.										STD Code										

Academic Details

Particulars of the Examination appeared and passed

(Fill in wherever applicable & attach attested copies of mark sheets & passing certificates)

Examination	School & Place	Examining Body	Stream	Medium	Month/year of passing	Total Marks		%	No of Attempts
						Obtained	Out of		
S.S.C. 10th standard									
H.S.C. 10+2 standard									
Diploma									
Bachelors									
P G (Diploma)									
Others									

Parent's / Guardian's Details

Name																				
Mobile No										What's App. No										
Occupation										Annual Income										
Email ID																				
Qualification																				

I the undersigned have filled in all information true to my knowledge.

Date : _____

Signature of Parent / Guardian

Place: _____

Signature of Applicant

Received Admission Application Form for _____ Course from _____