IIMT GROUP OF COLLEGES

HIMT GROUP OF COLLEGES

Ganesh Nagar, Lawyer's Colony, Near Khandari Byepass Road Crossing, Agra - 282005 (U.P), India

ADMISSION FORM

FORM NO.

To be filled by the applicant in his/her own hand writing in Block Letters.
Incomplete form will be rejected.

SELECTION OF COURSE									
Short Name of the C	ourse	Full Name of the Course							
1. Applicant's Name :									
2. Father's Name :									
3. Permanent Address	:								
		++++							
	- 	PIN	CODE						
4. Correspondence Address :									
4. Correspondence At	iuress .								
		PIN	CODE						
5. Guardian's Mobile / Pho	one NO.								
6. E-mail I.D. : Student's Mobile No.									
DAY	MONTH	YEAR	Specimen Signature						
7. Date of Birth :			A						
8. Nationality :									

IIMT GROUP OF COLLEGES

8. Please tick (✓) in the appropriate box.									
(a) Sex:	Male	Female	On	On line examination is only for the courses mentioned on page no.48 to 52					
(b) Marital Sta	tus : Married	Unmarried		On line examination					
(c) Hostel:	Yes	No		If you want exam in iimt college campus					
If yes please tick (\checkmark) mark in appropriate box for Hostel category									
Double Seater	Triple Seate	Four Se	ater	Five Seater					
9. Academic Qualification :									
						Division			
00	5.No Board/ Offiversity		passing	Obtained	Obtained	Grade			
	Action to leave								
10. Fee Deposit Details									
Fee Deposit b	y Cash please tid	ck (V) or b	y Bank Dra	ft no.					
Name of Bank				Rs.					
traine of Bank				140.					
I hereby declare that the details furnished above are true, correct, complete & to the best of my knowledge. The College has full right to reject / cancel my application / enrolment, if any type of information found incorrect or incomplete. I have read and understood the Rules & Regulations in the Prospectus before joining the course at IIMT GROUP OF COLLEGE AGRA and agree to abide by them. I also accept liability for payment of all fees as explained in this prospectus and understand that any fee once paid to IIMT will not be refunded under any circumstances, except when the course is cancelled by IIMT GROUP Of COLLEGES AGRA.									
Date :		并言的	Signatu Applic						
TO BE FILLED BY THE PARENT / GUARDIAN									
I, Mr./Mrs.					Parent/G	uardian of			
hereby declare that the above particulars furnished by my son/daughter are true to the best of my knowledge. I also accept liability for payment of all fees as explained in this prospectus									
Date :			Signatur Guardi						
FOR OFFICE USE ONLY									
Admission Con	firm Rejecte	Date :		Signature Admissi					
Official Note:	Incharge								

64-F