

IMS Group of Institutions, J.P. Nagar REGISTRATION / ADMISSION FORM 201 - 201

| | OFFICE USE ONLY | | | | | | | | | | | |
|---|--|------------------------|-------------------|---------------------|--------------------------|----------------|----------------------|---------------------|---------|--|--|--|
| E | nrollment No | | | College Code | | | Form No. : | | | | | |
| C | ollege Name : | | | | | 5 | Student ID. : | | | | | |
| ma | The application form should be filled by student along with requisite fee & two sets photocopies of all the marksheet & certificate along with ten passport size photo must be submitted to office of the institute by hand or by post | | | | | | | | | | | |
| Name of applicant (in block letters) | | | | (Mr./Ms) | | | | Affix Photograph | | | | |
| 2. (a.) Date of birth (in figures) | | | : D | Day Month Year | | | | | Тарт | | | |
| | (b.) Date of birth (in words) | | | | | | | | | | | |
| 3. | Father's Na | ather's Name : | | | | | | | | | | |
| 4. | 4. Mother's Name : | | | | | | | | | | | |
| 5. | Guardian's l | Name (if any) | : | | | | | | | | | |
| 6. | Postal Address (for all correspondence): | | | | | | | | | | | |
| or your allow (at all conseptitions) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | Student Ph./MobE-mail | | | | | | | | | | | |
| 7. Permanent Address : | | | | | | | | | | | | |
| 1. | remanent | Address | | Pin Code | | | | | | | | |
| 0 | N - 0 10 - | | | | | | | | | | | |
| | 8. Nationality : | | | | | | | | | | | |
| 9. Course applied for : Year (Ist/IInd/IIIrd) | | | | | | | | | | | | |
| Ed | ucational Qu | alifications | | Cr no of | | Marka Ontained | / 0/ | Voor of | | | | |
| | Examination | Board / University | School | Roll No. | Sr. no. of Mark Sheet | Subject | Max. Marks | Marks | Passing | | | |
| (a |) High School | | | | | | | | | | | |
| (b |) 10+2 or its equivalent | | | | | | | | | | | |
| (c |) Graduation | | | | | | | | | | | |
| (d | Any other examination | | | | | | | | | | | |
| 10 | . Do you requ | uire Hostel accommo | odation (Yes/N | 0) | | | | | | | | |
| 11. | Do you requ | uire Bus Facility (Yes | /No) | | | | | | | | | |
| 12 | . Category (S | SC/ST/OBC/Gen./M | inority/Others) | | | | | | | | | |
| 13. Documents Enclosed: High School: Mark Sheet Intermediate: Mark Sheet Graduation: Mark Sheet | | | | | | | | | | | | |
| Certificate Certificate Degree Migration (a) Caste Certificate : (Yes/No) Caste Certificate No. | | | | | | | | | | | | |
| | 1000 50 | | 47.57 October 199 | omicile Certificate | | | | | | | | |
| | ((3)) 5) | - A | | | | | Affix Photograph Db | | | | | |
| | (c) Income Certificate : (Yes/No) Income Certificate No. Passport Passport Income Certificate No. | | | | | | | | | | | |
| | (e) Gap Certificate : (Yes/No) | | | | | | | | | | | |
| Otl | | | 1.50 | | | | | | | | | |

| | | Father / Mother / Guardian' | s Undertaking | | | | | |
|---|---|-------------------------------------|---------------------|--------------------------------|--|--|--|--|
| My S | Son / Daughter / Ward | | is seeking ad | mission with my consent and in | | | | |
| the e | event of his/her being admitt | ed to IMS GROUP OF INSTITU | TIONS, I will be pe | ersonally responsible for :- | | | | |
| | 1. His / Her good cor | duct and behaviour during his / | her stay at the Ins | titute. | | | | |
| | 2. Return of books is | sued to him / her by the Institute | | | | | | |
| | 3. Any other liabilities | related to his / her at the Institu | nstitute. | | | | | |
| Further, I undertake to pay his / her fees, canteen dues, and other expenses at the Institute, I also agree | | | | | | | | |
| he/ | she shall abide by the rules | of discipline of the Institute. | | | | | | |
| | | | Signa | ture of Father/Mother/Guardian | | | | |
| Plac | e: | **** | Name | | | | | |
| Date | r: | | Address | <u> </u> | | | | |
| | | | | | | | | |
| | Unde | rtaking by the Applicant & Fa | ther/Mother/Guar | rdian | | | | |
| 1. | I declare that I have not been debarred from joining any educational institution or restricted from the institution / University / board last attended. | | | | | | | |
| 2. | I declare that the all statements made in application by me are true to the best of my knowledge and belief. I clearly understand that if any of the statements is subsequently found untrue, my admission to the Institute | | | | | | | |
| 3. | would stand automatically cancelled. I have read the prospectus and instruction & incorporated there in carefully. I have read and understood the conditions of eligibility for the programme to which I seek admission. I fulfil the minimum eligibility criteria and I have been provided with necessary information, being incorrect or misleading my candidature shall be liable to cancellation by the Institute at any time and shall not be entitled to refund any fee paid by me to the Institute. | | | | | | | |
| 4. | I have satisfied myself that fulfill the minimum educational, physical and medical standards and that I agree to be removed from the Institution if found deficient in these standards during the course of my stay at the Institute. | | | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
| 7. I agree that i will not claim for any fee refund or adjustment in any case what so ever the reason. | | | | | | | | |
| Si | gnature of Father/Mother/Gu | ardian | | Signature of Applicant | | | | |
| Na | ame | | Name | | | | | |
| l Tuitie | on Fee for the course (Year | Semester) | | (For Office Use) | | | | |
| | | | A 11 11 | * | | | | |
| | | | Application rece | | | | | |
| | nt Schedule (if required) | | Enclosures not a | attached | | | | |
| | | | | | | | | |
| | | | Eligible or not (Y | //N) | | | | |
| | | | Form checked b | ν | | | | |

Signature of the Student

Note: If the fee will not be submitted as per the schedule. Rs. 50/- fine per day will be charged for 10 days, onwards admission of candidate will be cancelled automatically & no fee will be refunded in any case. Exam fee will be charged separately as per the rule of university/board.

Signature of the parents / Guardian

Admission Incharge

Signature of Director / Principal

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