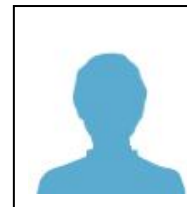




## APPLICATION FORM FOR THE SESSION: 2010-11



Comp. code.....

Form No.....

Name of Institute:.....

(Please Tick (✓) which ever applicable)

Course:	<input type="checkbox"/> MBA	<input type="checkbox"/> B.E.	<input type="checkbox"/> B.PHARMA.		
	<input type="checkbox"/> PGDM	<input type="checkbox"/> PGDM (HM)			
Branch (for B.E.):	<input type="checkbox"/> C.E.	<input type="checkbox"/> M.E.	<input type="checkbox"/> CSE	<input type="checkbox"/> ECE	<input type="checkbox"/> EEE
Quota of Seats:	<input type="checkbox"/> M.P.	<input type="checkbox"/> NRI	<input type="checkbox"/> Management	<input type="checkbox"/> Others	
Category:	<input type="checkbox"/> General	<input type="checkbox"/> SC	<input type="checkbox"/> ST	<input type="checkbox"/> OBC	
Minority: (If yes, please Specify)					
	<input type="checkbox"/> Sikh	<input type="checkbox"/> Jain	<input type="checkbox"/> Christian	<input type="checkbox"/> Muslim	
	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Parsi	<input type="checkbox"/> Others .....		

**1. Personal Details:**

(i) Name (in block letters)  Mr.  Ms.  Mrs.

(First Name)	(Middle Name)	(Last Name)
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(ii) Mobile..... Phone No.:.....

(iii) Email ID:.....

(iv) Date of Birth: Date   Month   Year     Gender: Male  Female

(v) Age: .....(as on 1st July)

(vi) Height:.....cms      Blood Group.....      Weight.....(in kg)      (vii) Nationality .....

(viii) Father's Name..... Occupation.....  
 Address.....  
 Mobile..... Email..... Phone.....

(ix) Mother's Name..... Occupation.....  
 Address.....  
 Mobile..... Email..... Phone.....

(x) Local Guardian : Name..... Relation with Applicant.....  
 Address..... City..... State.....  
 Phone No..... Mobile..... Email.....

(xi) Permanent Address: (Applicant) .....  
 ..... City..... State.....

(xii) Are you a domicile of M.P. ?  Yes  No (If yes, attach domicile certificate)

Any Handicap/Physical Disability that can constrain you in pursuit of your chosen career. Please attach a medical certificate from a registered medical practitioner.  Yes  No

Description .....



## 2. Educational Qualification (Starting from Class X)

Course	Subjects	Year of Passing	School/College	Board/University	Result (% Marks/Grade)
SSC (X)					
Higher Secondary/10+2					
Any other/UG (if applicable)					
PG (If Any)					

3. Achievements:(University/State/National level /District level) .....

4. Details of Entrance Exam (Enclose Score Card): Marks (Obtained/Total)..... Qualifying Exam:.....

Allotment Letter No. .... Allotment Authority:.....

6. Extra Curricular Activities/Hobbies:.....

7. Do you need hostel accommodation?  Yes  No

8. Have you ever been prosecuted or jailed for any offence?  Yes  No

(If yes give details.) .....

9. Any other relevant information in support of your application. (If any, Use a separate sheet)

10. **Declaration:**

I.....certify that all the information provided by me in this form is correct. I understand that any willful misrepresentation of facts will result in my disqualification. If admitted, I shall abide by all the rules and regulations of the Institute.

Place \_\_\_\_\_

Applicants Signature \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

### **For Office Use Only**

Computer Code : \_\_\_\_\_ Admitted/Not Admitted/Waiting: \_\_\_\_\_

Documents Verified by : \_\_\_\_\_

Remarks: \_\_\_\_\_

Sign & Name

(Nodal/Asst. Nodal Officer)

Director/Principal/HOD



## Enclosure Checklist

- |  |                          |
|--|--------------------------|
| 1. Passport size Color Photographs (10 Nos.)                 | <input type="checkbox"/> |
| 2. Allotment Letter/Slips for Admission                      | <input type="checkbox"/> |
| 3. Receipt of Tuition fees deposited to Counseling Authority | <input type="checkbox"/> |
| 4. 10 <sup>th</sup> Mark Sheet (Xerox)                       | <input type="checkbox"/> |
| 5. 12 <sup>th</sup> Mark Sheet (Xerox)                       | <input type="checkbox"/> |
| 6. UG Mark Sheet (If Applicable)                             | <input type="checkbox"/> |
| 7. PG Mark Sheet/Degree (If Applicable)                      | <input type="checkbox"/> |
| 8. Domicile Certificate of Madhya Pradesh                    | <input type="checkbox"/> |
| 9. Cast Certificate (If Applicable)                          | <input type="checkbox"/> |
| 10. Income Certificate (If Applicable)                       | <input type="checkbox"/> |
| 11. Migration Certificate                                    | <input type="checkbox"/> |
| 12. Transfer Certificate/ Character Certificate              | <input type="checkbox"/> |
| 11. Other Attachments:                                       | <input type="checkbox"/> |

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