



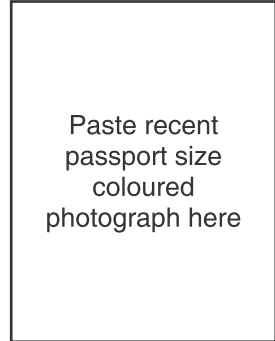
Institute of Management & Technology

(Approved by AICTE, Govt. of India & Affiliated to M.D. University, Rohtak)
Near Sai Dham, Sector-86, Faridabad -121002
Phone : 8130028652

Sr. No. : _____

PROSPECTUS - CUM - ADMISSION FORM For _____

- 1) Name of the Candidate :
- 2) Permanent Address (with Proof) :
- 3) Correspondence Address (with proof) :
- 4) Telephone No. (with STD Code) :
- 5) E-mail :
- 6) Student Aadhaar No.:7) Category :8) Gender: M/F:
- 9) Caste/Religion :10) D.O.B. :
- 11) Family Income from all Sources.....12) Nationality13) Blood Group:
- 14) Father's Name & Occupation :
- Job Place & Address :
-Aadhaar No. :
- Contact No. & Email Id :
- 15) Mother's Name & Occupation :Job Place & Address
-Aadhaar No. :



16) Educational Qualifications

Examination	Stream	Board/University	Roll No.	Year of Passing	Subjects	Marks Obtained	% of Marks
(i) Matriculation							
(ii) 10+2							
(iii) Graduation							
(iv) Post Graduation							
(v) Any Other							

- 17) Admission through counselling/management seat:Roll No.:Rank:
- 18) Do you belong to J&K State? If yes, Please submit the authentic documents/specified performa :
- 19) Do you want to avail transport facility, if yes please specify station from
- 20) Do you want to avail Hostel facility, if yes please specify Hostel No.
- 21) Were you ever disqualified by any University/Board in any Examination? If yes, give detail:
- 22) Were you ever convicted by any Court of Law or any Court case/FIR pending against you. If yes, give detail:.....

DECLARATION/UNDERTAKING BY THE CANDIDATE & PARENT/GUARDIAN

- 1) Declare that information submitted in this form is correct to the best of my knowledge and belief, I am..... conscious that if any information is found to be incorrect, my admission may be cancelled.
- 2) Further, I hereby undertake to pay my all the fee and dues during my study in this Institute as per the fee structure given to me at the time of admission. I will not leave the institute during the course, if I do so then I shall pay all the fee & expenditure for the full duration of the course. I shall furnish the bank guarantee / degree / marksheets for the same. My parents are also aware and signing alongwith me.
- 3) I am fully aware that I am eligible for the admission for the above mentioned course as per eligibility criteria laid down by M.D. University/State Govt. I am providing all my certificates as required by University to the best of my knowledge. I will be held responsible, if University declares me ineligible/ cancel my admission on the basis of my ineligibility / documents provided by me in the due course.
- 4) I shall also submit the remaining documents/certificates before the due date specified by the University. I will pay the fine for non-submission of documents or accept the cancellation of admission, in case of failure to submit document before due date as and when demanded by the University/Institute.
- 5) I, Sh.....F/o, M/o.....Shall also be responsible for his/her conduct behaviour during his/her period of study in this Institute. He/she will not indulge in any such activity of ragging which adversely effects the discipline, dignity and honour of the Institute. If any punishment is given for such type of activity, I shall accept the same.
- 6) I will also be responsible to accept any communications sent on my address mentioned at Sr. No.of this form or email address given by me.
- 7) I am fully aware that I am taking a provisional admission, which is subject to be verified by the affiliating University in its due course.

**Signature of
 Parent/Guardian with date**

**Signature of
 Candidate with date**

Relation:

THUMB IMPRESSION	
Left	Right

List of Enclosures / Documents :

Examination	Mark Sheet	Degree	Original	Photocopy	Returned	Student Signature
Matric						
10+2						
Graduation						
Post Graduation						
Migration Certificate						
Resident Proof / Certificate						
Caste Category / Certificate						
Income Certificate						
Aadhaar Card Copy NVM BPR						
Gap Year Affidavit						
Anti Ragging Affidavit						
Total Original Documents (In words).						

FOR OFFICE USE ONLY

Eligibility checked by the Admission committee Mr./Mrs./Dr..... Sign.:

Eligibility checked by the Admin Office Mr./Mrs./Dr. Sign.:

Approved by the Principal Sign.:

Date of Admisison : Receipt No.:Amount: Sign.:

Provisional Roll No./Student Id No..... Sign.:

Space for remarks if any :