



ALL INDIA INSTITUTE OF MANAGEMENT STUDIES & TECHNOLOGY

APPLICATION FORM

FOR OFFICIAL USE ONLY

Enrollment No.	Year	Course	Counsellor

Application for admission to : _____

Specialization in (Compulsory) : _____

Affix
a self attested
passport
size
photograph

1. Full Name

(in Block LETTERS)

Surname :

First Name :

Middle Name :

2. Father's Name/ Husband's Name :

3. Mother's Name :

4. Date of Birth (Please enclose certificate)

D	D	M	M	Y	Y	Y	Y

5. Address for Correspondence :

House/Plot No.

Street/ Area

City/Town/ Village

District _____ State _____ Pin Code _____

6. Contact Number Office : _____ Residence : _____

Mobile _____ E- Mail :- _____

7. Permanent Address :

(Please enclose Aadhar Card / Voting Card or concerned state government Authority)

House/Plot No. Street/ Area City/Town/ Village District _____ State _____ Pin Code 8. Whether Male Female Married Unmarried

9. Nationality _____

10. Details of Educational Qualifications from Matriculation onwards

(Please enclose certificate attested by a gazetted Officer)

Examination Passed	University Board/ Institution Council of examination	Year of Passing	Percentage Marks	Division / Class/ Grade

11. Work Experience (Starting with most recent one) :

12. Exam Option : Open Book Study Center Online

Verification/ Information to be furnished by the head of administration department of the institution

Signature of candidate

fees once paid will not be refunded or adjusted in any conditions under any circumstances

I agree to pay Rs. 500/- if in case my Cheque is dishonored

xerox copy of marksheet and certificate in proof of all examination passed should be attached

it is verified that information filled in the above mentioned columns by

Shri/ Smt./ Kumari. _____ who is

admitted in _____ course for the session _____

Total/ Course fee Rs. _____ Date : _____

Payment Detail / Cheque / DD/ Cash/ Online / Credit / Debit Card

Signature & Stamp of the Authority