

APPLICATION FORM FOR ADMISSION FOR THE SESSION:-2024-2025

(USE BLOCK LETTERS ONLY)

ALLOTMENT	
IMC	

Date of Admission: _____

**AFFIX
PASSPORT
SIZE
PHOTO**

1. Name of the Candidate: _____
2. Father's / Guardian Name: _____
3. Mother's Name: _____
4. Date of Birth (DD/MM/YYYY): _____
5. Blood Group: _____ 6. Identification Marks: _____
7. Religion: _____ 8. Caste: _____ 9. Gender: _____
10. Sub Caste : _____ Marital status _____

ADDRESS

11. VILL _____ P.O _____ P.S _____

DIST _____ PIN _____ STATE _____

12. Address for Correspondence: _____ DO _____

13. Contact Number. :

Candidate _____ WhatsApp _____ Guardian _____

14. Email ID (if any): _____

15. Aaddhar Card No. : _____

16. Kanyashree Yes No Kanyashree ID _____

17. Name of the Trade Applied for: _____

18. Marks of 10th / VIII Examination (as applicable):

Name of the Exam. Passed	Board/ Council	Year of Passing	Full Marks	Marks Obtained in					Total% of Marks in Aggregate
				Grand Total	Phy. Sc.	Math.	TOTAL	Percentage	
v/vi/vii/viii/ix									
M.P									
H.S									
Highest Qualification									

19. Father's/ Guardian's Occupation: _____

20. Family Income Per month (approx.) Rs. _____

DECLARATION

I do hereby declare that the above statements given by me are true to the best of my knowledge and belief. I am fully aware of the terms and conditions of the institute and hereby promise to abide all the rules and regulations of the institute. If there is any false statement, my candidature for admission is liable to be rejected.

DATE:

.....
Signature of the Candidate

PLACE:

.....
Signature of the Parent/ Guardian