



IIMT COLLEGE OF PARA MEDICAL EDUCATION

Ganesh Nagar, Lawyer's Colony, Agra - 282005 (U.P), India

APPLICATION FORM

Last Date of Submitting application form	With late fee : Rs. 500/-
Registration No.	Application Form No.

To \, The Director

1. I have read prospectus carefully and agree with all rules & regulations of the college and want to join "Course". So I am sending the Application Form, along with fees. Total amount of Rs

2. By CASH/D.D./M.O./No. Name of the Bank/Post Office
 Dated

by Registered Post on this date .

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Applicant Signature

For Office Use Only

Form Issued On		Form Valid Upto		Form Issued by
Date of Receiving of Form	Mode of Payment Cash/M.O./D.D.	Received By		

ACADEMIC QUALIFICATION	MARKS OBTAINED	PASSING YEAR	BOARD / UNIVERSITY



1. Applicant's Name Mr/Mrs/Miss

2. Father's Name/Husband's Name

3. Mother's Name

4. Date of Birth FATHER MOBILE NO.

5. Local address for Correspondence

6. Permanent Address

7. Phone No. with S.T.D. Code

8. Father's Occupation

9. Place of Birth 10. State

11. Married/Unmarried 12. Caste

13. Last Qualification

14. Selection of Course

Course Code No.	Short Name of the Course	Full Name of the Course

15. Hostel Facilities : If you want to take Hostel Facilities then please tick -- Yes () / No ()

16. List of enclosed documents with the application

- I. _____
- II. _____
- III. _____
- IV. _____

Declaration

I hereby certify that particulars furnished above are correct to the best of my knowledge. I undertake to abide by the rules laid by the Institute.

Date :
Place:

Signature of Guardian

Signature of Applicant

Office Use Only

17. The following documents received with the Application Form.

- I. _____
- II. _____
- III. _____
- IV. _____

Chief Executive

Director Admission