

Form No. ....

**REGISTRATION FORM**

Registration No. ....

**INSTITUTE OF MANAGEMENT STUDIES**

(AFFILIATED TO H.N.B.GARHWAL UNIVERSITY, SRINAGAR, UTTARAKHAND)

10th Km Roorkee Dehradun Highway, ROORKEE-247 667, Ph : 01332-232091, Telefax : 01332-232092,  
Mobile : 09259193621, 09756268104, E-mail: dir@imsroorkee.com, Website: www.imsroorkee.comThree Years Full Time BBA  / BCA 1. Name (Mr./Ms.) .....  
(in capital letters)

2. Date of Birth ..... 3. Place of Birth .....

4. Gender: Male  Female  5. Marital Status (Married  / Unmarried  )6. Category Gen  SC  ST  OBC  Physically Handicapped (Y/N) .....

7. Address for Correspondence .....

..... Pin Code .....

Contact No.: Mobile ..... Res..... Off.....

8. Address (Permanent ) .....

Pin Code : ..... Contact No. : ..... 9. Domicile\*(State) .....

Photograph

**10. FAMILY DETAILS**

Family Member	Name	Age	Qualifications	Occupation	Annual Income
Father					
Mother					
Brother					
Sister					

**11. QUALIFICATIONS** (School finishing examination onwards)

Year	School/College	Board/University	Exam Passed*	Main Subjects	Division/ %age

\*Enclose attested photocopies of Certificates / Marksheets

12. Extra Curricular Activities (Award/Prizes/Scholarship) : .....

13. Hostel Accommodation : Required  Not Required

14. Any other information you wish to furnish : .....

I declare that the information given in this form is correct to the best to my knowledge. In case any information is found to be incorrect, the management shall have the right to cancel my registration / admission.

Date : .....

\_\_\_\_\_  
(Signature of Parent / Guardian)

Place : .....

\_\_\_\_\_  
(Signature of Applicant )

**For Sponsored Candidates only :**

Name & Address of Organisation : .....

Tel. : ..... Fax : ..... E-mail : .....

\_\_\_\_\_  
(Signature of the Head of Organisation )

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*Registration Charges (Non- Refundable) of Rs.500/- enclosed vide D.D. No..... dated.....  
drawn on ..... in favour of ..... payable at Roorkee.*