

Form No.

REGISTRATION FORM

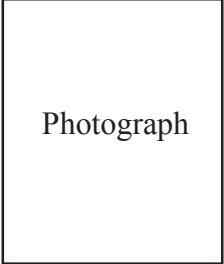
Registration No.



INSTITUTE OF MANAGEMENT STUDIES
 (AFFILIATED TO UTTARAKHAND TECHNICAL UNIVERSITY, DEHRADUN)
 10th Km Roorkee Dehradun Highway, ROORKEE-247 667

MCA (Three Years Full Time)

1. Name (Mr./Ms.)
 (in capital letters)
2. Date of Birth 3. Place of Birth
4. Gender: Male / Female 5. Marital Status (U/M)
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).....

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. Work Experience, where applicable (Starting with the present job) :

Year	Organisation's name & nature of business	Designation	Function / Responsibilities	Gross Salary

14. Hostel Accommodation : Required Not Required

15. Any other information you wish to furnish :
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16. Other Entrance Examination: Marks:.....

Year of Appearing :

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)

*Registration Charges (Non- Refundable) of Rs.1000/- enclosed vide D.D. No..... dated.....
drawn on in favour of payable at Roorkee.*