



REGISTRATION FORM

Provisional No.	Registration No.
Centre:	Session:



I hereby apply for registration as a student of the Institute.

Name in Full (Block Letters)										Date of Birth									
N.I.C. No.																			
Father's Name																			
Mailing Address																			
Permanent Address (if different from above)																			
Tel. No.			Residence				Cell #				Email								
Contact Person (in case of any emergency)										Tel No.					Cell #				
Name and address of present employer																			
Office Phone #																			
Present Position										Joining Date									
Academic Qualification			Year			Division / Grade			University / Board										
1. Matriculation																			
2. Intermediate																			
3. Graduation																			
4. Post Graduation																			
5. Others																			

Enclosure:

1. Photocopies of Degree /Certificates of above mentioned academic and other qualifications.
2. Photocopy of Computerized National Identity Card.
3. I enclose Rs. _____ Demand Draft / Pay Order No. _____ Dated _____ Drawn on _____.

DECLARATION: I hereby declare that I have understood the requirements of filling this form and that take full responsibility for any omission or error in filling the form and I also declare that to the best of my knowledge and belief the information given in this form is correct and complete in all respect. If I am registered as a student of the Institute, I will abide by the rules of ICMAP. I further assure that submitted credentials and documents are real and original and in case any information and / or document(s) found fake, tampered or incorrect, the Institute may cancel my registration as student and cancel or hold all benefits so far derived.

Note: Bring original documents for verification at the time of admission.

Date:

APPLICANT'S SIGNATURE

FOR OFFICE USE ONLY

(To be filled by the campus)

Please Tick [✓]:

Entry Routes: **12-Year Education** **14-Year Education** **16-Year Education** **14 or 16- Year Non-Comm./Bus. Education**

Modules Waived-off: **PM1** **PM2** **PM3** **PM4** **PM5** **PM6**
[w.e.f. 1-07-2023]

Amount Received Rs. **Receipt No.** **Date**

The policies and procedures prescribed by National Council or Education Committee are fully compliant.

Registration Officer / Assistant

Campus In-charge