

IITM GROUP OF INSTITUTIONS MURTHAL

IITM COLLEGE OF ARTS SCIENCE AND COMMERCE

Approved by HARYANA GOVERNMENT UGC,& Affiliation to MDU, ROHTAK (Haryana)

ADMISSION CUM REGISTRATION FORM

FORM No.....

ADMISSION FORM FOR B.SC/B.COM/B.A

Please select the course/ stream applied for.

COURSE	SELECT ONE
B.SC (MEDICAL)	
B.SC (NON-MEDICAL)	
B.COM	
B.A	

Please affix Self
Attested
Passport Size
Photograph

Admitted Provisionally to Course.....

Note: Please fill the form in Capital Letters in neat and clean Handwriting.

1. Name of Candidate (As in Xth Certificate)

[illegible]

- ## 2. Father's Name

[illegible]

- ### 3. Mother's Name

[illegible]

4. Permanent Address:

Phone No. (With STD Code Essential) Resi. No.:.....Off:.....

Email:.....Mobile No.....

Parent's/Guardian Mobile No.....

5. Local Guardian's Name:

Correspondence/Local Address.....

Phone No. (With STD Code Essential) Resi. No.....Off:.....

Email:.....Mobile:.....

6. Date of Birth (dd/mm/yyyy):..... Nationality.....Religion.....

7. If Foreigner/NRI, Passport No.

8. Father's Annual Income Rs.....Occupation.....

9. Whether you are a Kashmiri Migrant.....

10. Which Category you belong to SC/ST/OBC/GEN/PH/Others.

11. Hostel Accommodation : Yes/No

12. Institute Transport : from_____to_____

ACADEMIC RECORDS: Institute Last Attended: _____

Exam Passed	Year	Board/University	Division	Marks Obtained /CGPA	Maximum Marks	Percentage
For All Applicant						
X						
XII						
Others						

DECLARATION

I, _____ declare that all the information given in this application form is true to the best of my knowledge and belief. I assure that I shall abide by all the rules and regulations of the institute which are in vogue now as well as those that will come into force in future or amended time-to-time. I further assure that I would do nothing inside the institute that would go against the discipline and orderly working of the institute. I understand that if (1) any information herein is found to be incorrect or (2) I am found indulging in any act of indiscipline or (3) I fail to pay the dues in time, I shall be liable to be punished by the institute. This may include striking off my name from the rolls of the institute.

Date:

Signature of the Candidate

CERTIFICATE FROM THE PARENTS/GUARDIAN

I, _____ Father/Mother/Guardian of Mr./Ms. _____, who is a candidate for admission to the institute, certify that I am the bonafide guardian of the candidate. I assure that the candidate and I shall abide by all the rules and regulations of the institute, which are in vogue now as well as those that may come into force later from time to time.

Date:

Signature of Parent/Guardian

