

ADARSH INSTITUTE OF MANAGEMENT & SCIENCE

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ADARSH INSTITUTE OF MANAGEMENT & SCIENCE

FORM No.

REGISTRATION FORM

SCHOLAR No.

(Fill details in English using CAPITAL letters)

COURSE	(Please check)		
	YEAR		
<input type="checkbox"/> M. Com. Pre	<input type="checkbox"/> Final	<input type="checkbox"/>	
<input type="checkbox"/> B. Sc. (Computer Science)			I II III
<input type="checkbox"/> B. Sc. (Biotechnology) with (Computer <input type="checkbox"/> /Life Science <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> B. Com. (Computer Application)			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> B. Sc. Plain			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> BBA			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> B.A. Computer App. Edu.			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

APPLICANT'S PHOTOGRAPH

Paste your Latest
Passport Size color
Photograph
Do not pin or staple

NAME OF THE APPLICANT (As appeared in XII mark Sheet)

DATE OF BIRTH

DAY MONTH YEAR

GENDER

M F

NATIONALITY

CATEGORY

GEN. OBC SC ST

RELIGION

HINDU CHRISTIAN MUSLIM OTHER (Please specify)

FATHER'S NAME

MOTHER'S NAME

FATHER'S OCCUPATION

ANNUAL INCOME

MOTHER'S OCCUPATION

ANNUAL INCOME

ADDRESS FOR CORRESPONDENCE

CITY

PIN CODE

DISTRICT

STATE

PERMANENT ADDRESS

CITY

PIN CODE

DISTRICT

STATE

MOTHER'S MOBILE No.

STUDENT'S MOBILE No.

E mail -

ACADEMIC INFORMATION

CLASS	INSTITUTION LAST ATTENDED	BOARD/ UNIVERSITY	MARKS OBTAINED	YEAR OF PASSING	ROLL No./ INROLLMENT No.
10 th					
12 th					

Enclose 2 sets of attested photocopies of following on A4 size paper :

S. No.	DOCUMENTS	(Please check)	OFFICE USE ONLY (Check)
1.	TRANSFER CERTIFICATE	<input type="checkbox"/>	<input type="checkbox"/>
2.	10 th MARKSHEET	<input type="checkbox"/>	<input type="checkbox"/>
3.	12 th MARKSHEET	<input type="checkbox"/>	<input type="checkbox"/>
4.	MIGRATION CERTIFICATE	<input type="checkbox"/>	<input type="checkbox"/>
5.	DOMICILE CERTIFICATE	<input type="checkbox"/>	<input type="checkbox"/>
6.	CASTE CERTIFICATE	<input type="checkbox"/>	<input type="checkbox"/>
7.	_____	<input type="checkbox"/>	<input type="checkbox"/>
8.	_____	<input type="checkbox"/>	<input type="checkbox"/>

VERIFIED BY.....

DECLARATION

I hereby declare that the entries made in the application form are correct to the best of my knowledge and belief. I do agree with the decision taken by the institute with regard to selection. If I get selected, I promise to abide by the rules and regulations of the institute. The Institute shall have the right to expel me at any time after admission, if the informations provided by me are found wrong.

SIGNATURE OF PARENT/
GUARDIAN

SIGNATURE OF
STUDENT

DATE

DAY MONTH YEAR

FOR OFFICE USE ONLY :

1. Fees deposited once will not be refunded in any case.
2. 50% of Tuition Fees & 50% of Bus Fees will be payable at the time of admission.
3. 50% of Tuition Fees & 50% of Bus Fees will be payable in the month of July, 2013 & December, 2013.
4. Fees for any purpose will be paid at College Accounts Office on working day between 9 a.m. to 1 p.m.
5. In case the fees is not paid within 15 days after due date the student's name will be struck off from the rolls, Re-admission will be at the discretion of the Principal.

ADMIT IN CLASS.....

Principal

FEE DEPOSITED

RECEIPT No..... DATE.....

AMOUNT Rs.

Accounts Department