



REGISTRATION FORM

Provisional No.	Registration No.
Centre:	Session:



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

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.

Date _____

APPLICANT'S SIGNATURE

FOR OFFICE USE ONLY

Documents in Order _____ **Date** _____
Registration granted _____ **(Cashier) Receipt No. & Date** _____
Amount Received Rs. _____ **Student advised on** _____
Student's Card Prepared _____

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

Registration Officer / Assistant

Approved By

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