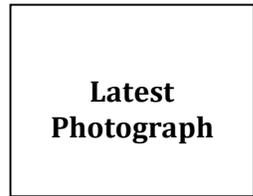




REGISTRATION FORM
[Gateway Assessment for NIBAF-P Members]



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
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N.I.C. No.																			
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Father's Name
Mailing Address
Permanent Address (if different from above)

Tel. No.	Residence	Cell #	Email
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Contact Person (in case of any emergency)	Tel No.	Cell #
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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 the following [✓]:

Academic Qualification:

12-Year 14-Year 16-Year [Com./Bus. Studies] 16-Year [Non- Com./Bus. Studies]

NIBAF-P Membership:

JAIBP AIBP FIBP

Registration Officer / Assistant

Campus In-charge