



Institute of Management & Information Science

BHUBANESWAR-751002

(Approved by AICTE, Govt. of India)



APPLICATION FORM FOR ADMISSION NO.

For Office Use Only		Affix Passport Size Colour Photograph
Program :	Date of Admission :	
Amount Paid :	Receipt No. :	
Roll No. :	Deficiency (if any) :	
Signature of Admn. Clerk		Signature of Admission Coordinator

Program P G D M	Admission Test CAT <input type="checkbox"/> XAT <input type="checkbox"/> MAT <input type="checkbox"/> CMAT <input type="checkbox"/>	Centre for GD & PI
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Name of the Applicant (in Capital letter) :	
Present Address :	Permanent Address :
.....
..... PIN PIN
Cell Phone No. : (1)	(2)
Land Line No. (with STD Code) :	Email Id. :
State : Sex : Blood Group : Nationality : Caste : GEN./SC/ST/OBC	
AADHAR No. : PAN No. : Passport No. :	
Date of Birth : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Chronic Diseases (if any) :
Father's Name : Cell Phone No. :	
Mother's Name : Cell Phone No. :	
Father's/ Mother's/ Guardian's Office Address (if any):	
.....	
Hostel Accommodation Required : Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, AC <input type="checkbox"/> Non-AC (Attached Bath) <input type="checkbox"/> (Common Bath) <input type="checkbox"/>	

Educational Qualification

Name of Exam	Stream	Year of Passing	Board/ University	Max. Marks	Marks Secured	% of Marks
10th						
12th						
Graduation						
PG						

DECLARATION BY CANDIDATE

I solemnly declare that the information above are true to the best of my knowledge and belief. Any information detected to be false subsequent to my admission will forfeit my candidature. I bind myself with the rules and regulations laid down by the institute. The authority can take action against me if found guilty of any reason whatsoever. In case of removal/ discontinuity from the program, the fees paid to the institute shall not be claimed for refund.

Date

Signature of Candidate