For Office Use Only
Reg. No. .....
Session. .....

cimt

Write your future with us

College of Information Management & Technology

Form No.:_____

Affix your recent coloured photograph here

1. Course Applied For:_____ Course Type(Full time/Part Time)

2. Name of the Candidate:

3. Father's Name:

4. Mother's Name:

5. Address 1:

District State

Country PIN

6. Address 2:

District State

Country PIN

7. E-mail:

8. Phone Number with STD Code (Essential)

Mobile No.

Academic Record

Exam Passed	Year	Board / University	School/College / Institution Name	Division / CGPA	Percentage in PCM**
X					
XII					
U. Graduation					
P. Graduation					

I declare that the above details are ture and open. if any thing found false i will be responsible for it and any action can be taken against me.

Date

Signature of the Candidate

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Form No. .....

Admission Slip

Mr./Miss./Mrs ..... has got registration/admission in .....
.....and advised to be in communication with college for other activities and class sehedule.

Date

Signature (Admission In charge

Note: Fees once paid will not be refund in any circimstances.