



IPMS®

(An Institute of Professional & Management Studies)

2/15-L, Opp. Ram Ganga Mandir, Arya Nagar,
Near Avantika-II, Ramghat Road, Aligarh 202001
Phone No. 0571-2742336, 9412175550

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Photograph

(REGISTRATION-CUM-ADMISSION FORM)

(To be filled in by the applicants/parents/or guardian to be admitted to the Institute.)

Course/Subject/s Opted.....

1. Name of Candidate :
2. Name of Father :
3. Name of Mother :
4. Date of Birth : (In figure).....
(In words).....
5. Correspondence Address :
6. Permanent Address :
7. Phone Numbers : (Resi).....(Mob.).....
(Personal).....(Father).....
8. email ID (if any) :
9. Occupation of Father :
10. Parents annual Income :
11. Qualification of Parents : (Mother).....(Father).....
12. Nationality :Male/Female.....
13. Religion/Caste :Category.....
14. Last Examination Passed/year :Medium.....
Name of School/College :
- Name of Board/University :
- Name of Stream :
15. Percentage of Marks : (10th).....(12th).....(B.Com).....
16. Present Status :
17. CRO/NRO/Reg.No(if allowed):

Undertaking :

I declare that information given regarding me/my ward in this form are true & correct to the best of my knowledge & belief.
I give my consent to abide by the rules of the institutions.

Date :

(Signature of Candidate)

(Signature on Parent)

Please Enclose the following documents while submitting the form to the office.

1. Copy of statement of marks of last examination passed.(2 set)
2. Copy of Date of birth (2 set)
3. Copy of CPT/CS/CWA Registration
4. 2 Photo (Passport Size)

SPACE FOR OFFICE USE ONLY

Receipt No. & Date :
Amount Deposited :
Course offered :
Remark (if any) :

(Accountant)

(Institution Head)