

ADMISSION CUM REGISTRATION FORM

REGISTRATION NO.

APPLICATION NO.

**Admission Coordinator,
IIMT Varanasi**

K V Buildings, Karmanveer, Susuwahi, Varanasi
Varanasi – 221005
Phone: 0542-6457269
Email: admission@iimtvaranasi.ac.in
Website: iimtvaranasi.ac.in

Affix here a stamp size Photograph and attach 14 more copy which will be affixed to your identity card, & other documents issued by the IIMT Office, will be required for appearing at the examination.

Course Applied For :

1. Full Name: Shri/Smt./Kumari:
(Surname) (First Name) (Middle Name)

2. Father's/Mother's/Husband's Name:

3. Date of Birth:
(DAY) (MONTH) (YEAR)

4. Address for Correspondence (in Block Letters):

Town/City:State: Pin.....

Mobile:Email:

Nationality :.....

5. **Permanent Address** (in Block Letters):

Town/City:State: Pin.....

Telephone: (Office)Residence.....

Mobile:Email:

Nationality :.....

5. **Academic & Professional Qualification: (start with highest degree)**

University/Institution	Degree/Diploma	Duration	Year of Passing
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- A.
- B.
- C.
- D.
- E.

(Attested Copies of University Degree/Professional Qualification must be enclosed)

6. Present Occupation:

a. Designation.....

b. Name & Address of Employer Organization.....

.....

Date:

(Signature of Applicant)

7. a) Enclosures:

1. 4.

2. 5.

3. 6.

8. I also enclose herewith :

i) Rs. 500/- towards Prospectus Fee.

ii) Rs. 1000/- towards Registration Fee

iii) Rs. _____ towards full Course fee/ Rs. _____ towards First Installment of Course Fee.

iv) Demand Draft No.....datedfor Rs..... The Draft should be in favour of "IIMT Varanasi" payable at Varanasi

v) **If you are eligible, you can make a single draft for the total amount**

9. I certify that the above particulars are correct to the best of my knowledge.

Date:

(Signature of Applicant)

Status; Training Experience Certificate/Ed. Certificate (s) required
ADMIT/ NOT ELIGIBLE

Remarks

Director (Academics)
IIMT Varanasi

Coordinator
Academics

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