

Form No.

REGISTRATION FORM (Batch)

Registration No.



INSTITUTE OF MANAGEMENT STUDIES

10th Km Roorkee Dehradun Highway, ROORKEE-247 667, Ph : 01332-232091, Telefax : 01332-232092,
Mobile : 9219506900, 07500728208, E-mail: dir@imsroorkee.com, Website: www.imsroorkee.com

Three Years Full Time B.Com : General Accounting CFA

1. Name (Mr./Ms.) (Capital letters).....

Name In Hindi :

2. Date of Birth 3. Place of Birth

4. Gender: Male / Female 5. Marital Status (Married / Unmarried)6. Category Gen SC ST OBC Physically Handicapped (Y/N)

7. Address for Correspondence

..... Pin Code

Contact Nos. : Student..... Parent.....

8. Address (Permanent)

.....

Pin Code : Contact No. : 9. Domicile*(State)

10. FAMILY DETAILS

Family Member	Name	Age	Qualifications	Occupation	Annual Income
Father					
Mother					
Brother					
Sister					

11. QUALIFICATIONS (School finishing examination onwards)

Year	School/College	Board/University	Exam Passed*	Main Subjects	Division/ %age

*Enclose attested photocopies of Certificates / Marksheets

Photograph

12. Extra Curricular Activities (Award/Prizes/Scholarship) :

13. Hostel Accommodation : Required Not Required

14. Any other information you wish to furnish :

I declare that the information given in this form is correct to the best to my knowledge. In case any information is found to be incorrect, the management shall have the right to cancel my registration / admission.

Date :

(Signature of Parent / Guardian)

Place :

(Signature of Applicant)

For Sponsored Candidates only :

Name & Address of Organisation :

Tel. : Fax : E-mail :

(Signature of the Head of Organisation)

*Registration Charges (Non- Refundable) of Rs.500/- enclosed vide D.D. No..... dated.....
drawn on in favour of payable at Roorkee.*