

IBSAR INSTITUTE OF MANAGEMENT STUDIES
Dahivali, Karjat, Dist - Raigad, PIN -410201, Maharashtra

APPLICATION / ADMISSION FORM

For college use only					College Code: College Id:		Please paste a passport size (35 mm x45 mm) colour photograph here. Do Not staple. Photo should not exceed the border.	
Course admitted to:	MMS I	MMS II	MCA I	MCA II	MCA III	Form No.: _____		
Admission date: / /								
Kindly read Important notes before filling-in-form:					Signature of the Student			
1 Use black ink to fill in the form and Do NOT overwrite.					Student should sign strictly inside the box above only with black ink			
2 Fill in all fields in CAPITAL letters only.								
3. Strike-off whichever is NOT applicable.								
Category EBC / BC / PTC /STC / Freedom Fighter / Military:								
1. Personal Information Section								
		Last Name		First Name		Middle Name		
Name of the Student: (In Case of changed name, write current name)								
Name of the student as printed on std.10 Passing Certificate								
Father's / Husband's Name:								
Mother's Name:								
Previous name of the Student: (In Case of changed name)								
Reason for name change: Willing / After Marriage				Marital Status: Unmarried / Married				
Date of Birth: (DD/MM/YYYY): / /				Gender : Male / Female				
Place of Birth:				Blood Group (With Rh):				
Religion:				Nationality				
Address for Correspondence:								
State:		Districts:		Tehsil:		City/Town/Village:		
Address (House No., street/area etc.):				Pin Code:				
Permanent Address [Write only if different than 'Address for correspondence']								
State:		Districts:		Tehsil:		City/Town/Village:		
Address (House No., street/area etc.):				Pin Code:				
Contact Details:								
Phone # 1:		Area/STD Code:		Phone No				
Mobile No.:			Email ID:		@			
2. Legal Reservation Information Section:								
Domicile of state:		Caterory: Open / Reserved			If Reserved: SC / ST / DT(A) / NT(B) / NT(C) / NT(D) / OBC / SBC			
Caste:	Sub-Caste:	If Physically Challenged : Visually Impaired / Speech and / or Hearing Impaired / Orthopedic Disorder or Mentally Retarded						
3. Social Reservation Information Section [Check (✓) whichever is applicable, write name of supporting document attached, in section 6]								
		Ex-Serviceman/Ward of ex-Serviceman				Member of Project Affected Family		
		Active-Serviceman/Ward of Active-Serviceman				Member of Earthquake Affected Family		
		Freedom Fighter/Ward of Freedom Fighter				Member of Flood/Famine Affected Family		
		Ward of Primary Teacher				Resident of Tribal Area		
		Ward of Secondary Teacher				Kashmir Migrant		
		Deserted/Divorced/Widowed Women						
4. Education Details Section [Write 'YES' in last column, against the qualifying examination, on basis of which you are seeking admission to the said course write NO in front of other examination]								
Name of Examination	Name of Board / University	Name of School / College	Date of Passing (DD/NN/YYYY)	Examination on 'Seat No. (Last)	Degree / Passing Certificate No.	Grade / Total Marks Obtained	Out of	Qualifying Examination on ? (Yes / No)
Graduation								
A]								
B]								
Std. 12th								
Std. 10th								

Please Turn Over.....

CET SCORE :	CAP Round No.:
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Form No:

5. Selected / Opted Papers Section				
1	3	5	7	9
2	4	6	8	10
6. Guardian Information Section				
Guardian's Name :				
Occupation of the Guardian: Service' Business' Profession' Farmer' Laborer' Retired			Annual Income of the Guardian (Rs.): (last financial year)	
Relationship of guardian with applicant:			Phone No.	
7. Other Information Section				
Mother Tongue:		Employment Status: Employed / unemployed		
Would you like to apply for Hostel (Only for Girls) : Yes / No				
Hobbies, Proficiency and Other Interests:				
Games and Sports participation:				
Personal Identification Marks :		1	2	
8. Declaration by Student				
I hereby declare that, I have read the rules related to admission and the information filled by me in this form is accurate and true to the best of my knowledge. I will be responsible for any discrepancy, arising out of the form signed by me and I undertake that, in absence of any document the final admission will not be granted and / or admission will stand cancelled.				
Place:				
Date:		Signature of the student:		
10. Declaration by Guardian				
I have permitted my son/daughter/ward to join your college. The information supplied by him/her is correct to the best of my knowledge. I have acquainted myself with the rules and fees, dues to my son/daughter/ward and to see that he/she observes.				
Place:				
Date:		Signature of the student:		
9. For College/institute Use Only				
Designation	Remark / Particulars / Recommendations		Signature and date	
Admission Clerk				
Admission Committee				
Accountant / Cashier	Cash Received : Rs.: Receipt No.:			
Registrar / Office Superintendent				
Principal / Director				

