



REGISTRATION FORM

Indraprastha Institute of Technology & Management

D-21, Institutional Area, Janakpuri, New Delhi-110058

Telephone No. : 28524043, Mob. : 9312727273,4,5

Website : www.iitm.net.in

Affix your recent passport size photographs here

UNIVERSITY APPLIED FOR

COURSE APPLIED FOR

1. Name : _____

2. Date of Birth : ____ / ____ / ____

3. Marital Status : Single Married

4. Nationality : _____

5. Correspondence Address: _____

_____ City _____ State _____ Pin Code _____

6. Email address: _____ Phone No. (R) _____ (M) _____

Father's Name : _____ Occupation : _____ (M) _____

Mother's Name : _____ Occupation : _____ (M) _____

7. Annual Family Income : _____

8. Education Qualification: _____

Exam/Degree	Name of degree/diploma	Percentage %	College/Institute	Board/University	Yr. of Passing
Secondary					
Sr. Secondary					
Bachelors					

9. Where did you first hear about IITM.

Friends _____ Consultant _____ Seminar _____ Newspaper _____ Website _____

Magazine _____ Call/SMS _____ Emailer _____ Others _____

10. Have you appeared for any competitive examination? Yes No.
if yes, exam _____ score _____
11. What is your career goal 5 years hence? _____

12. How can IITM help you achieve your career goals ? _____

13. What other institute have you applied for ? _____

14. Payment Details :
- Amount : _____ (In Words) Rupees _____
- DD/Ch. No. _____ Dated _____
- Drawn On. _____ Branch : _____
- Cash/Online : _____ Receipt No. _____

Declaration :

I hereby declare that the above information is complete and corrected and understand that any misrepresentation or missing information is sufficient grounds for rejecting my application. I understand and agree to abide by the withdrawal policy, copyright protection and other terms and conditions stated in the prospectus.

Note : Also Understand that the Registration Fee is non-refundable under any circumstances.

Guardian Signature

Applicant Signature

Office

Career guide

Comments

Full test

GD/PI