

Form No.....



Enrollment No.....

NIMBUS ACADEMY OF MANAGEMENT

DEHRADUN (UTTARAKHAND)

ADMISSION FORM - SESSION 202 - 202

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1. COURSES:

Undergraduate Course		Postgraduate Course	
BBA (3 Years)	<input type="checkbox"/>	B.Com. (3 Years)	<input type="checkbox"/>
BCA (3 Years)	<input type="checkbox"/>	BA (3 Years)	<input type="checkbox"/>
		MBA (2 Years)	<input type="checkbox"/>

2. PERSONAL DETAILS:

Name	<input type="text"/>																				
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Gender	Date	Month	Year																		
	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>																	
Category	GEN	<input type="checkbox"/>	OBC	<input type="checkbox"/>	SC	<input type="checkbox"/>	ST	<input type="checkbox"/>	Others	<input type="checkbox"/>											
Domicile	Uttarakhand	<input type="checkbox"/>	Others	<input type="checkbox"/>																	
Nationality	<input type="text"/>			Blood Group:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone (With STD Code)	<input type="text"/>				Mobile	<input type="text"/>															
E-mail	<input type="text"/>																				
Father's Name	<input type="text"/>																				
Mother's Name	<input type="text"/>																				
<u>Permanent Address:</u>										<u>Present Address:</u>											
Vill/Town.....										Parents Contact No.....											
Post Office.....Police/Stn.....																					
Tehsil.....Distt.....																					
State.....										Pin Code											

Gaurdian's Name

Contact No

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3. EDUCATIONAL QUALIFICATIONS:

Examination Passed	Board/University	Name of School/College	Discipline	Year	Division & %
Class X					
Class XII					
Graduation					
Post graduation					
Ph.D					
Any Other					

4. ENTRANCE EXAMINATION QUALIFY, IF ANY:

Examination	Month/Year	Registration /Roll No.	Composite Score/Rank	Percentile	Score valid up to
CUET/SAMARTH					
MAT					
CAT / XAT					
UGAT					
Any Other _____					

5. Bus facility : Yes No

6. Hostel Facility: Yes No

DECLARATION BY THE APPLICANT:

I hereby declare that entries made by me in the form are correct to the best of my knowledge and I am also conscious that if any of the entries are found to be incorrect my admission is liable to be cancelled. I have read carefully the prospectus provided by the institute and undertake to abide by the rules and regulations of the institute. I hold myself responsible for the payment of tuition as well as other fees as stated at the time of admission.

I have never been disqualified in any examination nor punished by any court.

Date:

Signature of the Candidate

UNDERTAKING

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I do hereby declare that Institute will not be responsible if any mishappening occurs with me or if I am involved in any kind of misconduct, illegal activity or anti social activity etc. outside of the campus.

Name of Student :

Father's Name :

Permanent Address :
.....

Student's Signature: :.....

LIBRARY MEMBERSHIP

Library Membership:

I request for the membership of the library and depositing Rs. 1500 as membership fees. I undertake to abide the library rules and regulations as applicable from time to time and also submit "No Dues" from library at the time of every semester/year of the course.

Signature of Student

Date:
Place:

FOR OFFICE USE ONLY

Name of Student:

Date of Receipt of Application

Fee Structure:

PARTICULARS	FIRST YEAR	SECOND YEAR	THIRD YEAR
Admission Fee			
Tuition Fee			
Uniform			
Local industrial visit/Fest			
Sports			
Transportation Facility			
Security (Refundable)			
Total			

It is certified that the Application form is correct and the required documents attached with the application have been checked with the original certificates (as shown by the candidate). The self attested photo copies of the certificates have been attached along with the form.

Remarks Eligible Not-eligible

Details of Fee Deposited Amounts

Nature of Payment Cash UPI DD

UPI /DD No.

Name of Bank

Incharge Admission Cell
(Signature & Seal)

Date:
Place:

