

Form No.....

Enrollment No.....



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NIMBUS ACADEMY OF MANAGEMENT

DEHRADUN (UTTARAKHAND)

ADMISSION FORM - SESSION 20..... 20.....

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"/> | |
| | Date | Month | Year | | | | | | | | | | | | | | | | | | |
| Gender | 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"/> | <input type="text"/> | | | | | | | | | | | | | | | | |
| Nationality | <input type="text"/> | | | | Blood Group: | <input type="text"/> | | | | | | | | | | | | | | | |
| Phone (With STD Code) | <input type="text"/> | | | | Mobile | <input type="text"/> | | | | | | | | | | | | | | | |
| E-mail | <input type="text"/> | | | | | | | | Aadhar No. | <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..... | | | | | | | | | | Gaurdian's Name | | | | | | | | | | | |
| Post Office.....Police/Stn..... | | | | | | | | | | Contact No | | | | | | | | | | | |
| Tehsil.....Distt..... | | | | | | | | | | | | | | | | | | | | | |
| State..... Pin Code | | | | | | | | | | | | | | | | | | | | | |
| Parents Contact No..... | | | | | | | | | | | | | | | | | | | | | |

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 | Roll No. | Composite Score/Rank | Percentile | Score valid up to |
|-----------------|------------|----------|----------------------|------------|-------------------|
| CMAT / GMAT | | | | | |
| 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 EMBERSHIP

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

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
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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.

| | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Name of Bank

Incharge Admission Cell
(Signature & Seal)

Date:

Place:

