

APPLICATION FORM



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EXPERIENCE
TRANSFORM

MANORAMA INSTITUTE
OF MANAGEMENT & TECHNOLOGY

Campus : LADAMDA, FATEHPUR SIKRI ROAD, AGRA
Mobile : 08445780033,08923314847, 09410406433
E-mail : manoramainst@gmail.com
Website : www.manoramainst.com

Form No. :

ALL THE INFORMATION TO BE FILLED IN CAPITAL LETTERS :

Affix Recent
Passport Size
Photograph
Self Attested

Course Applied For

Batch

Name (in Block Letters)

Date of Birth

Gender Male Female

Marital Status Married Unmarried

Father's Name

Mother's Name

Nationality

Unique ID (Aadhar No.)

Web Registration No.

Community Gen. OBC SC/ST MIN. PH

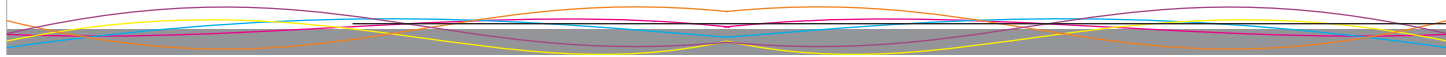
Correspondence Address

Pincode Mobile

Permanent Address

Telephone Mobile

E-mail



Educational Qualification :

	Board/Uni.	Passing Year	Subjects	Marks Obtained	% Of Marks
High School					
Intermediate					
Graduation					
Diploma/Other					

DECLARATION :

- I hereby acknowledge Receipt of Prospectus of Manorama Institute of Management & Technology and certify that I have read and understood all the Provisions indicated therein.
- I certify that I am Qualified for course as the indicated in the for admission and will produce the original certificate when asked for.
- I hereby certify that all the particulars stated in this application are true to the best of my knowledge & better in the event of suppression for distortion of any fact like educational Qualification, nationality, study period etc. made in my application form, my admission is liable to be cancelled.
- I understand that Fees once paid will not be refunded under any circumstances.

Place :

Date :

Signature of the Applicant

TO BE FILLED BY PARENTS

I Mr./Mrs.....Parent/Guardian of.....hereby declare that the above particular furnished by my son/daughter are true to best of my knowledge & belief and I have no objection in his/her seeking admission. I also agree to abide by the rules of the institutes in this regard.

Place :

Date :

Signature of the Parent

FOR OFFICE USE

Course Admitted :.....

Admission Confirmed Yes No Enrolment No.Date.....

Fees.....Amount Received.....

Auth. Signature