



UTTARANCHAL INSTITUTE OF MANAGEMENT

Arcadia Grant, Post Chandanwari
Prem Nagar, Dehradun-248 007 (Uttarakhand)

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Website: uimdehradun.com

ADMISSION FORM

(Session 200 – 200)

Please Paste
passport size
photograph here

1. Course applied for (Mark in box)

MBA

MCA

BCA

BBA

2. Name of the Candidate (In English) _____

(In Hindi) _____

3. Father's Name _____

4. Occupation of Father _____ Deptt. (If in Govt. Service) _____

5. Mother's Name _____

6. Correspondence Address:

7. Telephone No. (With Code) _____ (Resi.) _____ (Office) _____

8. Local Guardian's Name _____

9. Local Address:

10. Telephone No. (With Code) _____

11. Date of Birth _____ DD _____ MM 19 _____ YY

12. Sex _____ Male _____ Female

13. Category SC ST OBC General
 14. Nationality _____

15. Annual Income of Father/Parents _____

16. Accommodation Hostel Required Own Arrangement

17. Transportation Bus Facilities Required Own Arrangement

18. ACADEMIC RECORD

Exam Passed	Year	Board/University	Division	Percentage
X				
XII				
Graduation				

19. ADMISSION TEST/QUALIFYING EXAM. DETAILS

Exam Passed	Year	Roll No.	MAT Valid/ UAMCAT	Score/ Rank

DECLARATION

I _____ certify that all the information given in this application form is true to the best of my knowledge. I assure that I shall abide by all the rules and regulations of the Institute, which are in vogue as well as those which come into force later. I further assure that I would do nothing inside or outside the Institute that would go against the discipline and orderly working of the Institute. I understand that fee once paid by me will not be refunded and if (1) any information herein is found to be incorrect or (2) I am found indulging in any act of indiscipline and (3) I fail to pay the dues on time, I shall be liable to any punishment awarded by the Institute which may even include striking off my name from the rolls of the Institute.

Signature of Candidate

Date ____/____/____

CERTIFICATE FROM THE FATHER/GUARDIAN

I _____ father/Mother of Mr./Ms. _____ who is candidate for admission to the Institute, certify that I am the bonafide guardian of the candidate. I assure that the candidate shall abide by all the rules and regulations of the Institute which are in vogue as well as those which may come into force later. I further assure that all the required fee will be paid on time and I am aware that the fee once paid by my ward is neither refundable nor adjustable.

