



ACADEMIC INSTITUTE OF MANAGEMENT TECHNOLOGY

APPLICATION FORM

Application For Admission in

Specializaion (if any)

Candidate Details:

Name in full: Shri/Smt/Kum

Father Name:

Mother Name:

Address for Correspondence:

Permanent Address:

Telephone Number:

E-mail ID

Marital Status:

Married () Unmarried ()

Date of Birth:

Education Qualification:

Examination Passed	Board/ Universilty.	Year	Subjects	Division & % of Marks.

Experience Deatils:

Name of Employer	Date of Joining	Date of Leaving	Designation	Nature of Work

Examination Option:-

Classroom system ()

Online test ()

Exam Form Home ()

Fees Payment Option:-

Cash ()

Cheque ()

Demond Draft ()

Cheque /DD Detail : Amount Date:----- Drawn on -----**Declaration:-**

ISon/Daughter of,hereby declare that the statment made in this application and true/correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my cndidate for said programer is liable to cancelled /rejected at any stage without giving any notice to me .

I declare that i have checked the website and advisory for complete detail in respect of admission criteria , duration, fees, membership etc. befor applying to the course opted for. i also agree that in case of withdrawals/cancellation/form the course applied my fees will not be refunded/adjusted.

Date-----

Singnature of the aplicant-----

Place

For office use only

Name of counselor -----

Name of team leader -----

Dacuments attached:

A letest CV or Resume

Photocopy of acadmic certifiaction

Three passport size photograph

Non-Refundable fee

Received by:

Date -----