



GlobalInstitute

OF MANAGEMENT & TECHNOLOGY

Form No.

i. Course applied for

ii. Registration No.
(to be given by the office)

iii. Details of the Qualifying Examination:

Examination

		Month	Year	Roll No.	Percentile/Composite Score	
(a)	CAT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(b)	MAT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(c)	XAT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(d)	ATMA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(e)	NAT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(f)	Any other	<input type="text"/>				

1. Name Mr./Ms.

(The Name should be as per the certificate of the last examination passed)

2. Personal Details : Date Month Year

(a) Date of Birth

(b) Age

(c) Nationality

(d) Blood Group

(e) Marital Status

(f) Gender M F

(g) Any Permanent Disability

(h) Languages known

Other than English

(l) e-mail

(j) Mobile No.

3. Parent's Details:

(a) **Father's Name**

i) Occupation (giving full details)

ii) Office Address

iii) Office Tel. email

iv) Mobile No.

(b) **Mother's Name**

i) Occupation (giving full details)

ii) Office Address

iii) Office Tel. email

iv) Mobile No.

4. Parent's Income - ₹ _____ per month _____
5. (a) Permanent Address _____
 _____ Pin _____ Tel No. _____
- (b) Address for Communication _____
 _____ Pin _____ Tel No. _____
- (c) Name and Address of Local Contact Person _____

6. In case of emergency:

Name of the Contact Person	Address	Tel. No. (Res. Off & Mobile)

7. Academic Qualifications:

Examination	Year	School/College Attended	Board/University	Marks	% of Marks (overall)	Degree with stream (please specify, like BE/B.Tech/ B.Com. (Hons.)/ B.Com (Pass) etc.)
Secondary (10th)						
Sr. Secondary (10+2)						
Graduation*						
Post Graduation						
Any other Degree/Diploma						

Note : *If not yet completed, please give the details of the present status and aggregate percentage in graduation obtained till now.

Declaration : I wish to be considered for enrollment as a student at GIMT, Allahabad and the information furnished above is correct and complete to the best to my knowledge and belief. I understand that the institute can obtain official record from any board, university or any other institution previously attended by me. I also understand that the institute reserves the right to vary or reverse any decision made on the basis of incorrect and incomplete information provided by me and I shall be solely responsible for all the consequences.

I hold myself responsible for due and prompt payment of fee. I have noted that the fee once paid is not refundable.

Signature of Applicant

Signature of Parent's/Guardian

Date : _____

Place : _____