## RAJA SHRI SHIVRAYA PRATISHTHAN'S **INSTITUTE OF MANAGEMENT & COMPUTER STUDIES**

Recognized by Govt. of Maharashtra and University of Pune

Paud Road, Rambaug Colony, Near Krishna Hospital, Kothrud,

DISTRICT/CITY/PIN

**PHOTO** 

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University:					
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## Pune - 38. Tel.: 020-25444363 FORM OF APPLICATION FOR ADMISSION Downloaded from www.imcs.ac.in (PLEASE WRITE INFORMATION IN CAPITAL LETTERS) COURSE NAME: SHORT NAME OF THE COURSE: To, · The Director, IMCS, Paud Road, Rambaug Colony, Near Krishna Hospital, Kothrud, Pune - 38 Tel. 020-25444363 1. NAME IN FULL **SURNAME** FIRST NAME FATHER'S/ HUSBAND'S NAME IN DEVNAGARI **MOTHER'S NAME** 2. MAIDEN / PREVIOUS NAME (FOR MARRIED FEMALE STUDENTS ONLY) SURNAME FIRST NAME FATHER'S NAME 3. ADDRESS FOR CORRESPONDENCE HOUSE NO. / LANE NO. LOCALITY/AREA **ROAD**

4. PROMINENT PLACE NEAR LOCATION													
5. TELEPHONE NO.	RES	I.					OFF	ICE					
6. PERMANENT ADDRI HOUSE NO./ LANE NO.	ESS												
LOCALITY/AREA													
ROAD													
DISTRICT/CITY/PIN													
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8. BLOOD GROUP			$\top$	7	MOB	ILE NO.							
9. NATIONALITY									<del>-[</del> 2				
10. DATE OF BIRTH	DATE		M	HTMC		YEAR		1					
11. PLACE OF BIRTH													
12. MARITAL STATUS (TICK APPROPRIATE)  MARRIED  UNMARRIED													
13. IF BELONGING TO BACKWARD CLASS SPECIFY CATEGOR					H								
14. GROSS ANNUAL INCOME													
INDIVIDUAL PARENT/S			Ó										
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15. EDUCATIONAL DET	AILS	3											
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H.S.C. / Diploma	11												
DEGREE													
MASTERS													
16. (A) NAME OF THE LAST UNIVERSITY											<u> </u>		
ATTENDED													
(B) NAME OF STATE													

## 17. WORK EXPERIENCE:

17. 990	JRK EXPERIENCE :							
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19. EXTRA CURICULAR ACTIVITIES							
20. SOURCE OF INFORMATION ABOUT THE INSTITUTE OF	MANAGEMENT AND COMPUTER STUDIES.						
UNDER	TAKING						
I am aware that my admission to final confirmation by the authorit regarding eligibility. I shall strictly follow the rules regarding att card and using Library facilities and submission of project work wabout the good disciplinary conduct and will abide by rules and r follow the rules may result in cancellation of my admission during a certificate before completion of the course. I declared that inform	endance, internal and external examinations, obtaining Identity within time I shall read the Notice Boards regularly. I assured you regulations of the college as a student. I am aware that failure to any time of the academic year. I will not claim for transfer/leaving						
Date	~2°,						
Place							
	Signature of Applicant						
<b>/−</b>	M.						
(Full Name							
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DOCUMENTS SUBMITTED FOR ELIGIBILITY							
DEGREE MARKLIST							
DEGREE CERTIFICATE							
TRANSFER/MIGRATION CERTIFICTE							
WORK EXPERIENCE							
GAP AFFADAVIT							

**MARRIAGE CERTIFICATE**