## Here by Undertake and say on Oath that:

- A. My above name and address is true and correct
- B. I have gone through the rules and regulations of IAMR and agree to follow the same.
- C. I have clearly noted that the academic fees once deposited by me shall not be refunded/adjusted in any case, and I neither shall claim any refund nor I shall approach any authority/court for refund.
- D. If I leave the course/ programme in middle before completion, I shall be liable to pay the total academic fee & other charges for the total duration of the course/programme.
- E. If my attendance will be below 75%, I shall not be entitled to appear in examination and shall not challenge/ approach/appeal to any authority/court.
- F. I certify that all the information provided by me is correct to the best of my knowledge and belief. In case, any information is found incorrect at any time, the IAMR will have sole right to cancel my admission and forefeit my all deposits with IAMR
- G. I agree that all disputes are subject to Ghaziabad court's jurisdiction only.
- H. I do agree that I shall not involve in ragging (in physical & mental) otherwise I shall be fully responsible for the consequences.

certify that all entries made in this application form are true to the best of my knowledge and belief. I fully understand that the offer of admission will be made to me depending on my interest, merit and availability of seats and verification of my original testimonials. I am willing to produce original certificates in support there of if asked to do so at any stage during the course. I agree to abide by decisions of Ideal Educational Society on all matter regarding this application form. I shall not pursue any other Full-Time programme from any other institution/University during the duration of my programme. Signature of Applicant Signature of parents/ guardian Date: Date: Place: Place:

Paste

Self -attested

Passport Size

Photograph

|  | FOR OFF                 | ICE USE ONLY          |                          |  |  |  |  |  |  |  |  |  |
|--|-------------------------|-----------------------|--------------------------|--|--|--|--|--|--|--|--|--|
| <b>Group Discussion / Personal Interview</b> |                         |                       |                          |  |  |  |  |  |  |  |  |  |
| Tonic:                                       |                         |                       |                          |  |  |  |  |  |  |  |  |  |
| Τορίο  |                         |                       |                          |  |  |  |  |  |  |  |  |  |
|  | A) Body Language        | :/05                  | I                        |  |  |  |  |  |  |  |  |  |
|  | B) Communication Skills | :/05                  |                          |  |  |  |  |  |  |  |  |  |
|  | C) Ideas/Concepts       | :/05                  | l                        |  |  |  |  |  |  |  |  |  |
|  | Total                   | :/15                  | l                        |  |  |  |  |  |  |  |  |  |
|  |                         |                       |                          |  |  |  |  |  |  |  |  |  |
| Remarks:                                     |                         |                       |                          |  |  |  |  |  |  |  |  |  |
| ICC Name:                                    |                         | City:                 | Code:                    |  |  |  |  |  |  |  |  |  |
| Result:                                      | Selected : Rejected:    |                       |                          |  |  |  |  |  |  |  |  |  |
| Interviewer's Name:                          |                         |                       | Signature of Interviewer |  |  |  |  |  |  |  |  |  |
|  |                         |                       |                          |  |  |  |  |  |  |  |  |  |
|  |                         |                       |                          |  |  |  |  |  |  |  |  |  |
| Admission No.:                               |                         | Fee Schedule:         |                          |  |  |  |  |  |  |  |  |  |
| Date of Admission:                           |                         | Basis of Scholarship: |                          |  |  |  |  |  |  |  |  |  |
|  |                         |                       |                          |  |  |  |  |  |  |  |  |  |



Form No.

## IAMR GROUP OF INSTITUTIONS

ISO 9001-2000 Certified

(Affiliated to – UPTU, Lucknow; CCS University, Meerut, Recognized by –UGC, Govt of India)

(Approved by – AICTE, Ministry of HRD, Govt of India; BTE; IAP; State Medical Facility)

Ghaziabad Campus: 9th Km. Stone, Delhi-Meerut Road, Duhai, Ghaziabad (Delhi-NCR)

Meerut Campus: 12th Km stone, Meerut-Baghpat Road, Panchli, Meerut

Ph: 0120-2675904/05, 09811171842, 09873280467 Website: www.iamrgzb.com, www.iamr.edu.in, www.itmmeerut.org

|   | Application Form                               | Academic Session: 20to 20                     |  |  |  |  |  |  |  |  |  |
|---|--|---|--|--|--|--|--|--|--|--|--|
| Instructions for filling the Application For 1. Please fill up the application form in cap 2. Incomplete application form will be rejected. | ital letters.                                  |   |  |  |  |  |  |  |  |  |  |
| To,<br>Head - Admissions<br>IAMR, Ghaziabad/Meerut  |  | Paste Self -attested Passport Size Photograph |  |  |  |  |  |  |  |  |  |
| Institute of Technology & Management (ITM), N   | Meerut (Code-285) -B.Tech • MBA • Polytech     | nic   |  |  |  |  |  |  |  |  |  |
| Institute of Advanced Management & Research   | n (IAMR), Ghaziabad (Code-792) -PGDM • ME      | A   |  |  |  |  |  |  |  |  |  |
| Institute of Applied Medicines & Research, Ghaziabad (Code-966) -BPT/MPT • B.Sc.(H)/M.Sc (Biotech/Micro) • Int. M.Tech • BBA • BCA          |  |   |  |  |  |  |  |  |  |  |  |
| IAMR B.Ed College, Ghaziabad (Code-1622) -E   | IAMR B.Ed College, Ghaziabad (Code-1622) -B.Ed |   |  |  |  |  |  |  |  |  |  |
| IAMR LAW College, Ghaziabad (Code-383) -L   | L.B  |   |  |  |  |  |  |  |  |  |  |
| CourseAPPLICANT'S PERSONAL DETAILS  |  |   |  |  |  |  |  |  |  |  |  |
| Full Name   |  |   |  |  |  |  |  |  |  |  |  |
|   |  |   |  |  |  |  |  |  |  |  |  |
| Date of Birth D D M M   | Blood  | Group   |  |  |  |  |  |  |  |  |  |
| Mobile No.:   | E-mail.:                                       |   |  |  |  |  |  |  |  |  |  |
| Please tick (√) whichever is applicable   |  |   |  |  |  |  |  |  |  |  |  |
| Female Male   | Single Married                                 |   |  |  |  |  |  |  |  |  |  |
| Category  |  |   |  |  |  |  |  |  |  |  |  |
| ndian NRI/Foreigners  | General SC ST                                  | OBC Minority                                  |  |  |  |  |  |  |  |  |  |
| Sub Category:   |  |   |  |  |  |  |  |  |  |  |  |

| M        | ailing Address            |        |     |  |         |  |     |  |  |     |      |    |     |               |  |  |       |      |
|----------|---------------------------|--------|-----|--|---------|--|-----|--|--|-----|------|----|-----|---------------|--|--|-------|------|
| (A)      | Permanent<br>Address      |        |     |  |         |  |     |  |  |     |      |    |     |               |  |  |       |      |
|          | Addices                   |        |     |  |         |  |     |  |  |     |      |    |     |               |  |  |       |      |
|          | Correspondence<br>Address |        |     |  |         |  |     |  |  |     |      |    |     |               |  |  |       |      |
|          |                           |        |     |  |         |  |     |  |  |     |      |    |     |               |  |  |       |      |
|          | State & Pin               |        |     |  |         |  |     |  |  |     |      |    |     |               |  |  |       |      |
| (B)      | Father's Name             |        |     |  |         |  |     |  |  |     |      |    |     |               |  |  |       |      |
|          | Occupation                |        |     |  |         |  |     |  |  |     |      |    |     |               |  |  |       |      |
|          | Office Address            |        |     |  |         |  |     |  |  |     |      |    |     |               |  |  |       |      |
|          | Tel/Mobile No.            |        |     |  |         |  |     |  |  |     |      |    |     |               |  |  |       |      |
| (C)      | Mother's Name             |        |     |  |         |  |     |  |  |     |      |    |     |               |  |  |       |      |
|          | Occupation                |        |     |  |         |  |     |  |  |     |      |    |     |               |  |  |       |      |
|          | Office Address            |        |     |  |         |  |     |  |  |     |      |    |     |               |  |  |       |      |
|          | Tel/Mobile No.            |        |     |  |         |  |     |  |  |     |      |    |     |               |  |  |       |      |
|          | Annual Income             |        | ₹   |  |         |  |     |  |  |     |      |    |     |               |  |  |       |      |
| <u>A</u> | cademic Qualifi           | icatio | ns: |  |         |  |     |  |  |     |      |    |     |               |  |  |       |      |
|          | Qualification             |        |     |  | titutio |  | ame |  |  | Yea | r of | ın | Obt | arks<br>taine |  |  | ngg./ | /Sc/ |

| Qualification                       | Name of the Institution/<br>School with address | Name of the<br>Board/University | Year of<br>Completion | Marks<br>Obtained<br>in (%)<br>or CGPA | Stream- Engg./Sc/<br>Commerce/Arts/etc. |
|-------------------------------------|---|---------------------------------|-----------------------|--|---|
| Secondary<br>(10 <sup>th</sup> )    |   |                                 |                       |  |   |
| Sr. Secondary (12 <sup>th</sup> )   |   |                                 |                       |  |   |
| Graduation<br>Degree                |   |                                 |                       |  |   |
| Post-Graduation<br>Degree           |   |                                 |                       |  |   |
| Other<br>Degree/Diploma<br>(if any) |   |                                 |                       |  |   |

<sup>\*</sup> Marksheets of the qualifying exam must be submitted till 31st August for IAMR UG courses & 30th September for IAMR PG Courses.

| Do you require Hoste                                   | el accommo    | dation?      | Yes No                 |           |                        |       |                      |  |  |  |  |
|--|---------------|--------------|------------------------|-----------|------------------------|-------|----------------------|--|--|--|--|
| o you require Trans                                    | port facility | ?            | Yes No                 |           |                        |       |                      |  |  |  |  |
| ntrance Exams Deta                                     | ils:          |              |                        |           |                        |       |                      |  |  |  |  |
| Examination  | Dat           | e            | Reg./ Roll No.         |           | Composite Sco          | Pe    | ercentile            |  |  |  |  |
| UPTU   |               |              |                        | $\neg$    |                        |       |                      |  |  |  |  |
| CMAT   |               |              |                        | $\dashv$  |                        |       |                      |  |  |  |  |
| MAT  |               |              |                        | $\dashv$  |                        |       |                      |  |  |  |  |
| CAT  |               |              |                        | $\exists$ |                        |       |                      |  |  |  |  |
| OTHERS   |               |              |                        | $\exists$ |                        |       |                      |  |  |  |  |
| ork Experience (if A                                   |               |              |                        | _         | Davia d fram           | E.m.  |                      |  |  |  |  |
| Name of Organizat                                      | ion           |              | Designation            |           | Period from<br>to      |       | erience in<br>ear(s) | Emoluments<br>per annum<br>(in Rs. Lacs) |  |  |  |
|  |               |              |                        |           |                        |       |                      |  |  |  |  |
| andatory details to                                    | -             |              |                        |           |                        |       |                      |  |  |  |  |
| nclosures check list - Ti                              |               |              |                        |           |                        |       |                      |  |  |  |  |
| Marksheet of 10 <sup>th</sup> , 10<br>Roll no. of 10th |               |              | , Serial no            |           | Pa                     | ssing | year                 |  |  |  |  |
| _  |               |              |                        |           | , Passing year         |       |                      |  |  |  |  |
| Roll no. of Graduation                                 |               |              |                        |           |                        | _     | -                    |  |  |  |  |
| If enrolled in CCS Un                                  | iversity/Othe | er Universit | ty for PG courses, the | n m       | ention the enrollm     | ent N | 0                    |  |  |  |  |
| Certificates: Income: S.No.                            |               |              | Certificate No         |           |                        | lssı  | ıe date              |  |  |  |  |
|  |               |              | Certificate No         |           |                        |       |                      |  |  |  |  |
| Domicile: S.No.  |               |              | Certificate No         |           |                        | Issı  | ue date              |  |  |  |  |
| Migration/TC: S.No.                                    |               |              | Certificate No         |           |                        | lss   | ue date              |  |  |  |  |
| For ID proof (any one                                  | •             |              |                        |           |                        |       |                      |  |  |  |  |
| Aadhar Card No  Driving License No                     |               |              |                        | !         | ter ID Card No<br>hers |       |                      |  |  |  |  |
| Affidavit for Anti-Rag                                 |               |              |                        | '         |                        |       |                      |  |  |  |  |
| Amauvi ioi Ami mag                                     | iging by otac | on a raio    | mo (i o mai to bo taki | ,         | om doparamont,         |       |                      |  |  |  |  |
|  |               |              |                        |           |                        |       | C                    | Counselled by                            |  |  |  |
|  |               |              |                        |           |                        |       |                      |  |  |  |  |
|  |               |              |                        |           | Name:                  |       |                      |  |  |  |  |

<sup>\*</sup> The Candidate whose results are yet to be declared should produce statement of marks immediately on declaration of his/her results.