Dr. Ambedkar Memorial Institute of Information Technology & Management Science

JAGDA, ROURKELA - 769 042, ODISHA

Affix your recent passport size photograph

APPLICATION FORM

1. Application No. ☐☐☐☐☐☐
2. Accommodation Required Y ☐ / N ☐
3. Applicant's Name

   Surname Middle Name First Name

4. Sex
5. Marital Status
6. Blood Group
7. Date of Birth
8. Present Address

10. Name & Address of Local Guardian

    Telephone No. Cell

11. Father's / Husband's Name ______________________
12. Mother,s Name ______________________
13. Religion ____________
14. Caste ____________
15. Category - SC/ST/OBC/GEN.
16. Mother Tongue ____________
17. Academic Qualifications

Name of Exam	Name of Instn.	Name of Board / Univ.	Year	Divn. / Class	%

I hereby solemnly declare that all the particulars given in this application form are true to the best of my knowledge and belief. After selection and admission in the institutes, I shall abide the rules and regulations decided by the institute from time to time. In case the particulars furnished by me are found wrong and false, my admission stands cancelled.

Ragging in any form is strictly banned. Anybody found involved in ragging will be punished and may cause expelled from the institute.

Place :

Date :

Signature of the Applicant

I certify that the particulars furnished above are correct and I stand guarantee for his / her conduct and character.

Signature of the Parent / Guardian