

Form No. ....

**REGISTRATION FORM (Batch 2020-22)**

Registration No. ....



**ROORKEE**  
EStd.1996

# INSTITUTE OF MANAGEMENT STUDIES

(AFFILIATED TO UTTARAKHAND TECHNICAL UNIVERSITY, DEHRADUN)

Address : 10th Km Roorkee Dehradun Highway, ROORKEE-247 667 (Uttarakhand)

Contact Nos.: 09219506900, 7500728208, Email ID: dir@imsroorkee.in, Website: www.imsroorkee.in

**MBA (Two Year Full Time)**

1. Name (Mr./Ms.) In English (Capital Letter) : .....

Name In Hindi : .....

2. Date of Birth ..... 3. Place of Birth .....

4. Gender: Male  / Female  5. Marital Status (U/M) .....

6. Category Gen  SC  ST  OBC  Physically Handicapped (Y/N) .....

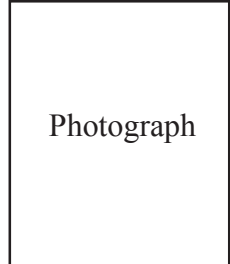
7. Address for Correspondence .....

..... Pin Code ..... Email ID: .....

Contact Nos. : Student..... Parent.....

8. Address (Permanent ) .....

Pin Code ..... Aadhar No..... 9. Domicile\*(State).....



**10. FAMILY DETAILS**

Family Member	Name	Age	Qualifications	Occupation	Annual Income
Father	(In Hindi & English)				
Mother					
Brother					
Sister					

**11. QUALIFICATIONS** (School finishing examination onwards)

Exam Passed*	Year of Passing	School/College Name	Board/University Name	Main Subjects	Division/ %age

\*Enclose attested photocopies of Certificates / Marksheets

12. Extra Curricular Activities (Award/Prizes/Scholarship) : \_\_\_\_\_

13. Work Experience, where applicable (Starting with the present job) :

Year	Organisation's name & nature of business	Designation	Function / Responsibilities	Gross Salary

14. Area of interest : 1. H.R.                       2. Finance                       3. Marketing

15. Hostel Accommodation : Required  / Not Required

16. Any other information you wish to furnish : .....

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17. UKSEE/MAT/CAT/CMAT Score : .....                      17. TOEFL Score : .....

Year of Appearing : .....

(NRI Foreign/National)

I declare that the information given in this form is correct to the best to my knowledge. In case any information is found to be incorrect, the management shall have the right to cancel my registration/ admission.

Date : .....

\_\_\_\_\_  
(Signature of Parent / Guardian)

Place : .....

\_\_\_\_\_  
(Signature of Applicant )

**For Sponsored Candidates only :**

Name & Address of Organisation : .....

.....

Tel. : ..... Fax : ..... E-mail : .....

\_\_\_\_\_  
(Signature of the Head of Organisation )

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*Registration Charges (Non- Refundable) of Rs.1000/- enclosed vide D.D. No..... dated.....  
drawn on ..... in favour of ..... payable at Roorkee.*