

Registration No. : _____

REGISTRATION FORM

2023-26

Estd.1996



ROORKEE

The Foremost Business School of Uttarakhand

Institute of Management Studies, Roorkee

Approved by: AICTE, Govt. of India, Affiliated to:
VMSB Uttarakhand Technical University, Dehradun & SDSUV University
10th Km Roorkee Dehradun Highway, ROORKEE-247 667,
Mobile : 07500728208, 9219506900,

Affix Recent Color
Photograph

Please do not
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Registration Form Fee Detail

Registration Charges (Non- Refundable) of Rs.500/- Cash/Demand Draft
(specify following detail, in case of DD) D.D. No..... dated.....
Bank Name..... Payable at

Three Years Full Time: BBA ☐ / BCA ☐ / B.Com(CFA) ☐

(Sig. of Candidate)

PERSONAL INFORMATION

Applicant's Detail [As appears on 10th class marksheet / certificate]

Name of Applicant (In English)

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In Hindi : _____ Mob No. : _____

Father's Name (In English) :

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In Hindi : _____ Mob No. : _____

Mother's Name(In English)

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In Hindi : _____ Mob. No. : _____

Date of Birth: ____/____/____ Gender: Male ☐ / Female ☐ Whatsapp No.: _____

Aadhar No. : _____ Digilocker ID: _____ Blood Group : _____

Email ID : _____ ABC ID : _____

Category: GEN ☐ SC ☐ ST ☐ Minority ☐ OBC ☐ Physically Handicapped ☐

ACADEMIC PROFILE

Academic Qualifications	Name of School/College	Board / University	Year of Passing	Subject	Marks Obtained	Maximum Marks	%age of Marks/GPA
10th / HSC							
12th / SSC							
Other's (if any)							

Nationality : Indian ☐ Others ☐ , if other, Specify : _____

Domicile (State) _____ **Bus Facility Required :** Yes ☐ No ☐

Extra Curricular Activities (Award/Prizes/Scholarship) : _____

CONTACT DETAIL

CORRESPONDENCE ADDRESS : _____

_____ City/Town _____

District _____ State _____ Pin Code _____

PERMANENT ADDRESS : _____

_____ City/Town _____

District _____ State _____ Pin Code _____

ENCLOSURE CHECKLIST

1. 10th Marksheet & Certificate ☐

2. 12th Marksheet & Certificate ☐

3. Other Qualification (If any) ☐

4. Migration Certificate ☐

5. Character Certificate ☐

6. Aadhar Card Copy ☐

7. Domicile ☐

8. Photographs 2 ☐

9. Affidavit for GAP (if any) ☐

(Incomplete forms will be rejected)

DECLARATION

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 :

Place :

(Signature of Parent / Guardian)

(Signature of Applicant)