



INDIAN INSTITUTE OF RESOURCES MANAGEMENT RESEARCH

10/214, Madhyam Marg, Swarn Path, Mansarovar, Jaipur (Raj.)- 302020, Ph.: 0141-3951637, 09314531884

Note: All entries except Office use must be filled by applicant in capital letters.
Cross the box for appropriate information.

Application No.

ADMISSION FORM

New admission

Re-registration

Admission Campus: Jaipur

Affix passport-size photograph of applicant.

Attach 3 copies of Passport size Colour Photograph

Course Code (See Annexure-1 for Codes)	Course Name	Subject Specialization	Sem.	Academic Session
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Applicant's Signature

1. Name of applicant

2. Date of Birth Day Month Year

3. Mother's name

4. Father's /Guardian's name

5. Postal Address

(For all Correspondence)

6. Permanent Address

Pin Code

7. Phone

8. E-mail

9. Nationality Indian Foreign _____

10. Sex Male Female

11. Were you ever disqualified by any University/Board to appear in any examination?
If yes, give details _____

12. Educational Qualification

S.No.	Examinations	Board/University	Subjects	Year of Passing	%age of Marks
1.	High School or its equivalent				
2.	10+2 or its equivalent				
3.	Graduation				
4.	Post-Graduation				
5.	Any other Examination				

13. If there is a gap in academic degree/diploma/certificate than give the reason for that. _____

14. Declaration by the Applicant

- a) I declare that I have not been debarred from joining any educational institution or rusticated from the institution or rusticated from the institution/University/Board last attended.
- b) I declare that all the statements made in application by me are true to the best of my Knowledge and belief. I clearly understand that if any of the statement is subsequently found untrue my admission to the Institute/College would stand automatically cancelled.
- c) I have read the prospects and instruction incorporated therein carefully .I have read and understood the conditions of eligibility for the programme to which I seek admission. I fulfill the minimum eligibility criteria and I have been provided with necessary information in this regard. In the event of any information being incorrect or misleading, my candidature shall be liable to cancellation by the institute/college at any time and I shall not take any refund of fee paid by me to the institute/college.
- d) I have satisfied myself that I fulfill the minimum educational physical and medical standard and that I agree to be removed from the Institution if found deficient in these standards during course of my stay at the Institute/College.
- e) I agree that admission may be granted to me on the conditions stated in the latest edition of the prospectus /syllabi prescribed by the Institute/College or the authorities may make such modification thereof.
- f) I have read the rules, regulation & code of conduct as prescribed by the institute/college & promise to abide by them and those that may be made in future, for the admission to the Institute/College. I also undertake that I shall do nothing inside or outside the Institute/College that will interfere with its discipline.

Place: _____

Signature of applicant _____

Date: ___/___/___

Name _____

Declaration by Parents / Guardian

My Son /Daughter/ward _____ is seeking admission with my consent and in the event of his /her being admitted to Institute/College I will be personally responsible for:

- a) His/Her good conduct and behavior during his/her education at the Institute/College.
- b) Return of books issued to him/her by the Institute/College
- c) Any other liability related to his/her education at the Institute/College.

Further I undertake to pay his/her fees and other expenses at the Institute/College and on educational tours. I also agree that he/she shall abide by the rules of discipline of the Institute/College.

Place: _____ Signature _____

Date: ___/___/___ Name & Address _____

16.

Declaration by Eye Specialist/Doctor

Mr./Miss _____ son/daughter/ward of _____ has good/perfect stereoscopic vision required for the study of Image interpretation under normal condition and he does not suffer from colour blindness. I recommended him/her for the course.

Place: _____ Signature & Seal _____

Date: ___/___/___ Name & Address _____

17. **Mode of Payment : Draft* / Cheque / Cash.**

Draft/Cheque No. _____ **Dated** ___/___/___

Amount in Rs. (in Figure) _____ **In words** _____

_____ **only**
Drawn Bank _____.

For Office Use only

Received amount of Rs. _____ only from
Mr./Miss. _____ as Draft / Cheque / Cash.

Signature & Seal

* The Bank Draft should be drawn in favour of IIRMR payable at Jaipur.** Fee will not be refunded.

