



HINDU INSTITUTE OF MANGEMENT

SONEPAT-131001

Approved by All India Council for Technical Education,
Govt. of India

Affiliated to DCRUST, Murthal (Sonapat)

Application form for admission to BBA/BCA/MBA/MCA (20.....)

Affix Your
Scanned
Recent
Passport Size
Photograph

Class you wish to Join _____

Full Name: _____ Date of Birth: _____ Male/Female _____

Residential Address: _____

_____ PIN _____ Tel. (R) _____

Father's Name: _____ Mother's Name _____

Father's Occupation: _____ Caste _____ Category _____

Nationality _____ Reg. No. _____

Father's Phone No. : (L) _____ (M) _____

Adhar No. _____

Educational Qualification:-

Examination	Year of Passing	Name of University/ Board	Marks Obtained/ Total Marks	%age Marks	Subjects Offered
Matriculation					
XII(10+2)					
Graduation(BBA/BCA/ B.Sc./B.Com./B.A.)					
Any Other					

***Photocopy of the above certificates should be Self-Attested by the Candidate.**

ACADEMIC RECORD

Academic Distinctions/Awards, if any: _____

Extra Curricular Activities & Achievements: _____

DECLARATION

I have carefully read the admission eligibility requirements and state that my candidature is liable to be cancelled if found ineligible for admission at any stage.

Date: _____

Signature of the Candidate

Signature of the Guardian

Undertaking by the applicant/parent

- 1. I, _____ D/O, S/O Shri _____ testify that my daughter/son is seeking admission with my consent. I hereby undertake that I shall be personally responsible to the institute for payment of all his/her dues as the institute has laid down from time to time.**
- 2. I have read the rules and regulations and I understand that my son/daughter has to undergo obligating practical training for specified period in accordance with relevant academic curriculum. I agree that in the event of my ward being placed in an industrial organization within or outside Sonapat, for such practical training. I will not raise any objection for his/her being so placed. Further I agree that the institute shall not be held responsible if any mishap/hit may occur during his/her tenure with the institute.**
- 3. I hereby certify that the particulars submitted by my son/daughter are correct.**
- 4. I testify that I shall not raise any objection if my ward is suspended/rusticated from the institute due to his/her participation in any unlawful activity.**

5. I understand that no refund will be made if my ward discontinues the course in between or withdraws prematurely from his/her course.

6. I understand that 75% attendance is mandatory according to University norms. Thus the institute can debar my ward from the examinations including internal examinations in case he/she does not fulfill the above attendance norms.

Date _____

Place: _____

Signature of Father/Guardian

Candidate's Signature

References:

1.

2.

For Office use only

(Recommended/Not Recommended for Admission)

Admission No. _____

Admitted

Receipt No.

Date

Amount

Admission Co-coordinator

Office Superintendent

Director