

INDIAN MARITIME UNIVERSITY (A Central University, Govt. of India) SCHOOL OF MARITIME MANAGEMENT CHENNAI CAMPUS 600 119

M.B.A. in International Transportation & Logistics Management Batch 12 (2020-22) DECLARATION FORM

1.	Name of the Candidate (in Caps)	
2.	Gender	
1550		MALE FEMALE
3.	Admission Rank No.	
4.	Date of Birth & Age	
5.	Blood Group	
6.	Father/ Guardian Name	1.00
6.	Address for Communication with Pincode	
7.	E-mail ID	
8.	Mobile Number – Student	
9.	Mobile /Telephone No. – Father/Guardian	
10.	Contact Number for Emergency	
11.	Blood Group	
12.	Category	SC ST OBC
		OBC NCL General EWS
13.	Nationality / Religion / Caste	
14.	Details of Educational Qualification:	
a)	Name of the Degree	
b)	Name of the University	

Year of Passing	
Details of Degree Marks	Max. Marks : Marks Obtained:
13	Percentage of Marks ;
	ficates / documents serially put tick marks in
Allotment Letter	
SSLC (10 th) Certificate & Mark Sh	eet
HSC (12th) Certificate & Mark She	et
Degree (UG) - Mark sheet	
Semester 1 2 5 6	3. 4. 7. 8.
Consolidated Mark List	
Degree (UG) - Certificate	Provisional
Category Certificate	
Transfer Certificate	Migration Certificate
Medical Fitness Certificate	
Passport Size Photo (03 copies (Other than the one to be fixed on the first pa	
Whether Hostel Accommodatio (only for Girl Students) (Accommodation will be provided sub	
110,000,000,000,000,000,000,000,000,000	claration
information furnished above is false/ incorr	ed above is true to the best of my knowledge and belief ect. I am held responsible which may lead to cancellation
	Signature of the Candidate
	Attach the following original certificate against the name of the certificate and the certificate against the name of the first part of the name of the first part of the name

Sl.No.	Pa	articulars
01.	Name of the Student	
02.	Aadhar No.	
03.	Proof of Age (Birth Certificate)	
04.	Community Certificate (SC)	
05.	10 th English Maximum Marks Mark Scored 10 th English %	
06.	12 TH English Maximum Marks Mark Scored 12 th English %	
07.	UG English Maximum Marks Mark Scored in %	
10.	UG Overall Maximum Marks Mark Scored Overall Average %	
11.	Physical Fitness (RMP) Doctor Certificate	

Veri	fication	Officer	b

Name of the Faculty:

Signature of the Faculty

		BANK D	ETAILS	1.0	
1 SEM	ESTER FEE				
(a)	Name of the Bank	į.			
(b)	Demand Draft No.	3			
(c)	Demand Draft Date	*			
(d)	Amount Rs.				
(e)	Remarks	:			
CAUT	ION DEPOSIT				
(a)	Name of the Bank				
(b)	Demand Draft No.	38.			
(c)	Demand Draft Date				
(d)	Amount Rs.	:			
(e)	Remarks	3			

Signature of the Student

Verified by Accounts Dept.

Date:

Place: