IFTM UNIVERSITY
MORADABAD

APPLICATION FOR REGISTRATION

S.No. _____   Date: _____

1. Name of the Course _____

2. Name of the Applicant _____

3. Aadhar No of the Applicant _____

4. Father's / Guardian's Name _____

5. Father's Occupation _____

6. Mother's Name _____

7. Permanent Address _____

_____ Pin Code _____

Affix Passport Size Photograph

Signature

8. Mobile No _____ Phone No _____

9. Email Id _____ 10. Date of Birth DD / MM / YYYY

11. Annual Income _____ 12. Gender   Male ☐   Female ☐

13. Category (Gen/OBC/SC/ST) _____ 14. Hostel Required   Yes ☐   No ☐

15. Education Qualifications

Exam / Course Passed	Degree / Diploma	Univ. / Board	School / College	Subjects	Roll No	Year of Passing	% Marks
Secondary / High School							
10+2 or Equivalent							
Graduation							
Post Graduation							
Any Other							

Declaration by the Applicant

I hereby declare that all the information given above by me is true to the best of my knowledge and understanding. In case of any false / incorrect information, I will be solely responsible for the same.

Signature of Father / Guardian   Signature of the Applicant