



Form No.....

Omkarananda Institute of Management and Technology

Omkarananda Saraswati Marg, P.O. Shivananda Nagar, Distt. Tehri Garhwal,

Rishikesh – 249192 (Uttarakhand),

Ph.: 0135-2431920, 246318, 2434274, 2442085 Fax: 0135-2442084

Email: admin@oimt.org Website: www.oimt.org

APPLICATION FORM FOR ADMISSION

1. Name: _____

2. Father's Name: _____

3. Mother's Name: _____

4. Father's/Mother's Occupation: _____

5. Permanent Address: _____

_____ Ph. _____

6. Mailing Address: _____

_____ Ph. _____

7. Date of Birth:

8. Sex: Male / Female

9. Course Opted: MBA /BBA/ BCA/.....

10. Category: SC / ST / OBC / Others

11. Academic Qualification:

Exam	Board / University	Year of Passing	Subjects	Percentage of Marks	MAT Composite score
High School					
Intermediate					
Graduation					

12. Hostel (subject to availability) and Mess Facilities Required: Yes / No

Affix an
Attested Recent
Passport Size
Photograph

13. Name and Address of Local Guardian: _____

_____ Ph. _____

14. Work Experience: _____

15. Other Relevant Information: _____

UNDERTAKING BY THE APPLICANT/PARENT

1. I _____ S/o, D/o Shri _____

Testify that my Son/Daughter 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 institutes as laid down from time to time. I further assure that the applicant will abide by all the rule of the Institute as laid down by the Institute for time to time.

2. I have read the rules and regulation and I understand that my Son/Daughter has to under go 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 Institution/Corporate within or outside Rishikesh, 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 hold responsible in 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/ restricted from the college due to his/her participation in any unlawful activities.

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

Date:

Place:

Signature of Father / Guardian

Signature of the Candidate

Two References: 1.

2.

Note: photocopies of testimonials to be attached

For office use only

Recommended / Not Recommended for Admission

I/C Admissions

Director

Admitted

Receipt No.

Date

Amount

Office Superintendent