



Form No. _____

Omkarananda Institute of Management and Technology

Swami Omkarananda Saraswati Marg, P.O. Shivanandanagar, Muni-ki-reti,
Rishikesh(Uttaranchal) – 249192

1. Name: _____
2. Father's Name: _____
3. Mother's Name: _____
4. Father's Occupation: _____
5. Permanent Address: _____

_____ Ph. _____

6. Mailing Address: _____
- _____ Ph. _____

7. Date of Birth: _____

8. Sex: _____

9. Course Opted: MBA / BBA / BCA _____

10. Academic Qualifications:

EXAM	Board/University	Year of Passing	Subjects	% of Marks
High School				
Intermediate				

11. Hostel (Subject to availability) and Mess Facilities Required: _____

12. Name and address of local guardian: _____
_____ Ph. _____

13. Hobbies / Extracurricular activities: _____

Declaration of the Applicant

I hereby declare that above particulars supplied by me are correct to the best of my knowledge and will be supported by original documents when asked for. I am also fully aware of the fact that in the event of any information being found incorrect or misleading, my candidature will be liable to be rejected by the Institute at any time.

Date:

Place:

Note: Photocopies of testimonials to be attached

For Office use only

Recommended/not recommended for admission I/C Admission Director

Admitted Receipt No. Date Account

Office Superintendent