



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. _____

Affix an
Attested Recent
Passport Size
Photograph

7: Date of Birth: _____

8.Sex: Male / Female

9. Course Opted: MBA /MSc(CS)/MJMC/MLib/BCA/BBA/BSc(IT)/BJMC/BLib/...

10. Category: SC / ST / OBC / Others

11. Academic Qualification:

Exam	Board/University	Year of Passing	Subjects	Percentage of Marks	MAT Compsite Score
High School					
Intermediate					
Graduation					

12. Hostel (subject to availability) and Mess Facilities Required:

Yes / No

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