ITM / PAD / FM / 01	
REV No. 01	
Form No.	

Registration No. (For office use)

Please Affix Passport Size Photograph

ITM GROUP OF INSITUTIONS

NH-24,SITAPUR ROAD,BAKSHI KA TALAB ,LUCKNOW-227202

Admited (Yes/No)

Phone: 9984940001,9792740002 E-mail address: itmlko@gmail.com (An ISO 9001:2008 Certified Institute)

Registration Form

For admission to the degree programs in ITM	I, Recognized by A.I.C.T.E	. and affiliated to Gautam E	3udha Technical Universi	ty, Lucknow

Branch Preferences: 1)									
Entrance Test: A) UPSEE-2012				Roll No		Gen R	ank	Category Rank	
B) AIEEE / AIMC								AIR Rank	
, ,									
1. NAME IN FULL	(CAPITAL LETT	TERS)				Ph			
2. FATHER'S NAM	ИЕ		F	Ph	3.	DATE OF	BIRTH		
4. MOTHER'S NA	ME			5. CATEGOR	RY: GEN /	SC / ST /	OBC		
6. NATIONALITY							1		
8. PERMANENT A	ADDRESS		9. CORRES	SPONDENCE A	ADDRESS		10. LOCAL C	GUARDIAN ADDRESS	
PIN CODE			PIN CODE				PIN CODE		
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44 404 DEMICO	LIALIEIGATION								
11. ACADEMIC Q EXAMINATION		DO.	ADD /	VEAR OF	OVER	PCM	DOLL	SUBJECTS TAKEN	
PASSED	SCHOOL / COLLEGE		ARD / ERSITY	YEAR OF PASSING	ALL % age	% age	ROLL NO.		
10 TH									
12 TH									
GRADUATION									
ANY OTHER									
 12. Do you require hostel accommodation: Yes / No:									
3 Caste Certifi 5 Photocopy o 7 Photo of can 9 High school 11 Address / ID	cate (in case of a f valid rank letter didate & Guardia certificate	any reserve r (if applicat an	d category)	(Yes (Yes (Yes (Yes (Yes (Yes	/No) /No) /No) /No) 1/No)	Photo Chara Media Incon Trans	o of candidate & acter Certificate cal Certificate ne Certificate sfer Certificate	& Guardian	(Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No)
		able)						eipt (if applicable)	

Declaration: I confirm that the information provided by me in this application form is accurate and correct. I understand that in the event of my admission, if any information provided here by me is found incorrect, my admission could be cancelled without notice.

I further declare that I have never been débarred from any examination or rusticated by any Institution/ University. I also declare that I have not been convicted by any Court of Law in India or abroad at any time for any criminal offence and sentenced to imprisonment as well as no proceedings are pending against me.

I further confirm and undertake to abide by the Rules and Regulations as framed from time to time by the Gautam Budha Technical University, Lko as well as by the College. I also confirm that college adjusted my tuition fee which comes from Swd.

Signature:	
Signature:	

	For Offic	e Use On	ly			
The following docume Mr. / Ms.	nts must be enclosed wi	th the applica		form: - her's Name		
is allowed to take admission in				ırse	Branch	
The following docume	nts are received with the	registration	form	: -		
1 Copy of Mark-sheets of Caste Certificate (in case 5 Photocopy of valid rank 7 Photo of candidate & Gu 9 High school certificate 11 Address / ID proof 13 Period gap Affidavit (if a	e of any reserved category) letter (if applicable) lardian	(Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No)	4 6 8 10 12	Character Ce Medical Certi Income Certi Transfer Cert	didate & Guardian ertificate ficate ficate	(Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No)
Date:	Head, Admissior				Directo	r
NH_2/ SIT	ITM GR APUR ROAD, B <i>A</i>	OUP OF			LUCKNOW-22	7202
111-24, 511	Phone: 998			•		202
	For Office	e Use Onl	у			
The following docume Mr. / Ms.	nts must be enclosed wi	th the applica		form: - her's Name		
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1 Copy of Mark-sheets of Caste Certificate (in cast Photocopy of valid rank Photo of candidate & Gu High school certificate Address / ID proof Period gap Affidavit (if a	e of any reserved category) letter (if applicable) lardian	(Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No)	6 8 10	Character Ce Medical Certi Income Certi Transfer Cert	didate & Guardian ertificate ficate ficate	(Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No) (Yes/No)
Date:	Head, Admission	ns Committee	e		Directo	r

ITM GROUP OF COLLEGE

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