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Maharishi Arvind

**INSTITUTE OF SCIENCE AND MANAGEMENT**

**Ambabari Circle, Ambabari, Jaipur-302 039**

**Photograph**

Approved by All India Council for Technical Education (AICTE)

Affiliated to Rajasthan Technical University (RTU), Kota &

University of Rajasthan, Jaipur

**RE-ADMISSION FORM**

**COURSE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| Session : | …………………………… | Semester/Year: | ………………………….. |
| Roll No. : | …………………………… | Enrolment No. : | ………………………….. |

1. Name of the student …………………………………………………………………………………

(as per the Secondary Certificate)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 2. |  Date of Birth |  | **Date** | **Month** | **Year** |  |  |
|  |  (as per the Secondary Certificate) |  |  |  |  |  |  |  |  |  |  **Mob.No.** | ……………………………..…… |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 3. |  Sex: | Male |  |  Female |  |  |  **Aadhar No.** |  |  |  |  |  |  |  |  |  |  |  |  |

4. Father’s Name : …………………………………………………Mob. No. ………………………..

5. Mother’s Name: ………………………………………………… Mob. No. ……………………….

6. Permanent Address: …………………………………………………………………...................

 …………………………………………………………….………. Pin Code ………………………..

 Phone No. (with STD Code) ………………………………..…... Mob. No. ……………………..…

7. Correspondence Address: …………………………………………………………………………..

 …………………………………………………………………….. Pin Code ………………………..

 Phone No. (with STD Code) …………………………………….. Mob. No. ………………………..

8. Category (Provide documentary proof in support): **GEN./S.C./S.T./O.B.C./P.H/**

9. Details of Qualifying Examination to determine eligibility:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Exam.** | **Roll No.** | **Month & Year of Passing/Appearing\*** | **University/ Institution** | **Percentage\* of aggregate marks** | **Remarks** |
|  |  |  |  |  |  |

 **\* Write “result awaited” if result not declared.**

10. Paper(s) of lower examination yet to be cleared, if any.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Exam.** | **Roll No.** | **Month & Year of Examination** | **Un-cleared Paper(s)** |
|  |  |  |  |

11. **Declaration by the candidate/guardian** :

I hereby solemnly declare that I am neither involved in any criminal case nor is any criminal case pending against me in any court of law. I have not been detained/rusticated by the institution last attended/presently attending. If discovered even after confirmation of my readmission that I have made a false or incorrect statement or concealed any fact or fraudulent means have been used on my behalf for securing admission I shall be liable to disciplinary action and cancellation of my admission without prejudice to such action as the institute may take against me. I fully agree to follow the Admission Procedure as laid down by the Institute and strictly abide by the rules and regulations in this behalf. I shall be paying my fees on time as and when due failing which my name could be struck off from rolls as per rules. I further declare that I am not addict to drugs nor shall ever take in future. I also undertake not to resort to any kind of ragging of fellow students failing which criminal proceedings could be initiated against me as per prevailing laws.

**Permanent Address Signature of candidate**

 ………………………………………………
 ……………………………………………… ……………………………………..

 ……………………………………………… Signature of Father/Guardian
 Post Office/City ………………………..

 District ……………………………………. ……………………………………..

 Pin Code ………………………………….. Date ………………………………

 Place ……………………………...

For verifying Fee Payment :

|  |  |  |
| --- | --- | --- |
| Paid Institute Fee vide:  |  |  |
| Receipt No.: ………………………….Dated : ………………………………..Amount : …………………………….. | For Office Use OnlyRegn. No. …………………………… |
| Cashier |  |

**FOR OFFICE USE ONLY**

Form checked. Fee for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_deposited. Found eligible for readmission to **MBA/PGDM/MCA/BBA/BCA/B.Com** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester/Year of the programme.

Date : ……………………………….. **Signature of Verifying Officer**



 **DIRECTOR/PRINCIPAL**