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IPS ACADEMY

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UG/PG Program

Affix Stamp Size
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APPLICATION FOR REGISTRATION SESSION

Comp. Code.....

Form No.....

Name of IPSA Institute Course..... Date.....

Quota of Seats:

M.P. NRI Management Others

Category: General SC ST OBC

Minority: If Yes, Please Specify

Muslim Sikh Christian Buddhist Parsi Jain Others

1. Personal details:

(i) Name (in capital letters).....
(First Name) (Middle Name) (Surname)

(ii) Mobile..... Email.....

(iii) Date of Birth: Date Month Year Gender: Male/Female

(iv) Age (as on 1st July)

(v) Height cm Blood Group Weight kg

(vi) Nationality

(vii) Father's Name Occupation

Address

Mobile Email Phone

(viii) Mother's Name Occupation

Mobile Email Phone

(ix) Local Guardian : Name Relation with Applicant

Address City State

Phone (with STD code) Mobile Email

(x) Permanent Address

..... City State

(xi) Are you a domicile of M.P. ? Yes No (If yes, attach domicile certificate)

(xii) Any Handicap/Physical Disability that can constrain you in pursuit of your chosen career. Please attach a medical certificate from a registered medical practitioner. Yes No

Description :

2. Educational Qualification (Starting from Class X)

Course Completed	Year of Passing	School / College	Board / University	Result % Marks/ Grade
SSC (X)				
Higher Secondary / 10+2				
Any other / UG				

3. Achievements :(University/State/National level).....

4. Details of Entrance Exam (Enclose Score Card):.....

5. Extra Curricular Activities/Hobbies.....

6. Do you need hostel accommodation? Yes No

7. Have you ever been prosecuted or jailed for any offence? Yes No

(If yes give details.).....

8. Any other relevant information in support of your application. (If any, Use a separate sheet).

9. Declaration:

I certify that all the information provided by me in this form is correct. I understand that any willful misrepresentation of facts will result in my disqualification. If admitted, I shall abide by all the rules and regulations of the Institute.

Place: _____

Applicants Signature: _____

Date: _____

Parent/Guardian Signature : _____

For Office Use Only

Computer Code : _____

Documents Verified by : _____

Admitted/Not Admitted/Waiting : _____

Remarks _____

Sign & Name of Faculty In charge

Director / Principal/ HOD

Enclosed a DD in favor of **IPS Academy**, payable at Indore for Rs...../-
 (Rupees.....) DD No.....
 Dated..... Drawn on bank Subject to realization.
Write your full name & contact number on the back side of DD.

