

INSTITUTE OF APPLIED MEDICINES & RESEARCH

ISO 9001-2000 CERTIFIED

(Affiliated to CCS University, Meerut, recognised by - UGC, Govt. of India)
(Approved by - AICTE, Ministry of HRD, Govt of India; BTE; NCTE; IAP; State Medical Facility)

Ghaziabad Campus: 9 th Stone, Delhi-Meerut Road, Ghaziabad (Delhi-NCR), Ph: 0120-2675904/05

Meerut Campus: 12 th stone, Meerut-Baghpat Road, Panchli, Meerut, Ph: 0121-3271371

Helpline No: 09811171842, 09873280567 Website: www.iamr.ac.in; www.itmmeerut.org

APPLICATION FORM Academic Session: 20...... to 20...... Instructions for filling the Application Form: Please Fill up the Application form in Capital Letters. Phomplete application form will be rejected **Paste** To. Recent **Head- Admissions Colour Photo** Institute of Applied Medicines & Research, Ghaziabad I am applying for following course: B.Sc (Biotech/Micro) M.Sc- (Biotech/ Micro) BPT | MPT BJMC| BBA BCA University Registration Number_ **Full Name** (in English) Full Name (in Hindi) Date of Birth Pan Number Adhar Number E-Mail. Permanent Address Pin Code State Mobile Number Please tick (✓) whichever is applicable Female Single Male Married Category Indian NRI/Foreigners OBC General SC ST Minority Sub Category:

| Father's Name | | | | | | | | | | | | | | Ι | | | | | | | | | | | | | | | | | | | | |
|--|---|--------|------|------|-------|------|---------------------------------|-----|-----|------|-----|------------------|-------|-----|-----------------------|-----|------|------|------------|--|------|-----|-----|---------------------------------------|------|------|------------------------|------|-------|--|--------|-------|-----|------|
| (in English) | | | | | | | | | | | | | | | | | | | | | | | | | | Ì | Ì | | | | | | | |
| Father's Name (in Hindi) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adhar Number | | | | | | | | Mo | | | | | | | bile Number | | | | | | | | | | | | | | | | | | | |
| Mother's Name | | | | | | | | | | | Γ | | | Τ | | | | | | | | Τ | | Τ | | T | T | | | | | | | |
| (in English) | | | | | | | | | | | | | | İ | | | | | | | | | | | | | | | | | | | | |
| Mother's Name (in Hindi) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adhar Number | | | | | | | | | | | | | M | ob | oile | Nı | um | ber | <i>-</i> _ | | | | | | | | | | | | | | | |
| Academic Qualifications : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Qualification | Name of the Institution/ School with address | | | | | | Name of the Board/University | | | | | | | | Year of Completion | | | | | Marks Obtained in (%) or CGPA | | | | Stream Engg./Sc/ Commerce/Art/etc. | | | | | Sı | Clear pass/ Supplementary result awaited | | | | |
| Secondary (X) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sr. Secondary (XII) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Graduation Degree | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Degree/Diploma (if any) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Mark sheets o | f the gua | lifvii | na e | exar | nn | nust | be | sut | omi | itte | d 3 | 31 A | mar | ıst | for | · U | G C | Cou | rse | s & | 15 | Se | nte | mb | erf | orl | PG | G Co | our | ses | }. | | | |
| *Mark sheets of the qualifying exam must be submitted 31 August for UG Courses & 15 September for PG Courses. *The candidate whose results are yet to be declared should produce statements of marks immediately on declaration of his/her results. | | | | | | | | | | | | | | | nis/ | | | | | | | | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | cei | tif | y h | at a | all e | ntr | ies | ma | de | in t | his | app | olic | cat | ion | for | m a | are ' | tru | e in |
| the best of my k | bility of | seat | s ar | nd v | erit/ | fica | tion | of | my | ori | gir | nal [.] | testi | im | oni | als | s. I | am | wi | lling | g to | pro | odι | ice | oriç | gina | al c | cer | tific | cate | es ii | n sı | ıpp | ort |
| there of if asked to do so at any stage during the course. I agree to abide by decisions of Ideal Education Society on all matter regarding this application form. I shall not pursue any other Full-Time programme from any other institutions/ University during the duration of my programme. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Pa | rents/ G | uaro | dian | | | | | | | | | | | | | | | | | | | | | | | | Signature of Applicant | | | | | | | |
| Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | ate | e: | | | | | |
| Place: | | | | | | | | | | | | | | | | | | | | | | | | | | | F | Plac | ce: | | | | | |