



Everest Educational Society's
**Jibran Quadri Institute Of Management
Sciences & Research**

PHOTO

Gut No. 187 & 189, Ohar, Tq. Dist. - Aurangabad. (M.S) Pin code : 431119
Email : jqimcollege@gmail.com, Website:- www.jqim.org

FORM NO.

SIGN

Last Name

First Name

Middle Name

Full Name :
(Block Letter)

Grand Father's Name : Annual Income :

Mother's Name : Father's Occupation :

1) Gender : Male Female 2) DOB : / /19 3) Place of Birth :

4) Religion : 5) Mother Tongue :

6) Category : Open / Reserve If Reserve SC / ST / DT(A)NT(B) / NT(C) / NT(D) / OBC / SBC

7) Domicile State : 8) Nationality :

9) Physically Handicapped : 10) Email I D:

11) Home University : Dr. BAMU / SRTMU / If other

12) EBC Scholarship No. : 13) GOI Scholarship No. :

QUALIFICATION DETAILS :

Name of Exam	SSC	HSC	Diploma
Name of Examining Body			
Name of School / College			
Board of Examination			
Date of Passing			
Exam Seat Number			
Marks Obtained			
Marks Out of			

CET DETAILS :

Name of Examining Body	CET Marks	GDPI	Total Marks Obtained

Correspondence Address

.....

Tq : Dist :

Parents Contact No. :

Permanent Address

.....

Tq : Dist :

Student Contact No.

DOCUMENTS ATTACHED:

	Yes	No
1) SSC Marks Sheet	<input type="checkbox"/>	<input type="checkbox"/>
2) SSC Certificate	<input type="checkbox"/>	<input type="checkbox"/>
3) HSC Marks Sheet	<input type="checkbox"/>	<input type="checkbox"/>
4) UG Certificates	<input type="checkbox"/>	<input type="checkbox"/>
5) CET Score Card	<input type="checkbox"/>	<input type="checkbox"/>
6) Transfer Certificate	<input type="checkbox"/>	<input type="checkbox"/>
7) Caste Certificate	<input type="checkbox"/>	<input type="checkbox"/>
8) Caste Validity	<input type="checkbox"/>	<input type="checkbox"/>
9) Non Creamy Layer Certificate	<input type="checkbox"/>	<input type="checkbox"/>
10) Domicile Certificate	<input type="checkbox"/>	<input type="checkbox"/>
11) Nationality Certificate	<input type="checkbox"/>	<input type="checkbox"/>
12) Income Certificate	<input type="checkbox"/>	<input type="checkbox"/>

Date : / /20

Place :

Signature of Student

()

FOR OFFICE USE ONLY

ADMISSION DETAILS

No. of Original Certificate Received :

Course Allotted :

Date of Admission :

Academic Year :

Remarks if any :

ADMISSION INCHARGE

PRINCIPAL