

Application Form

20. Local Guardian Contact Details

Name & Address of Local Guardian (For Outstation applicants)

STD Code : Telephone No : Mobile No :

Undertaking

DECLARATION

A. By the Applicant:

I here by undertake to abide by the rules & regulations of the Institute & assure that I shall effectively participate in the BBA Program. I certify that the particulars furnished here are true to best of my knowledge & belief.

Date: -----

Full Signature of the Applicant

A. By the Parent's/Guardian

I here by declare that I am aware of the financial obligations & undertake to pay the tuition & other fee payable to the college under its rules. I assure the college authorities that my son/daughter/ward will abide by the rules, regulations, & instructions issued by the college authorities from time to time. We are aware that violation of any rules, regulations and instructions of the college by our son/daughter/ward will cause disciplinary action which may lead to his/her cancellation of admission. The decision of the College authorities in this regard shall be final and binding

Date: -----

Full Signature of the Parent's/Guardian

Document(s) to be submitted in support of the Application Form

1. Original Money Receipt of Application Form
2. Photocopy of all the Mark Sheets & Certificates.
3. Original CLC, Conduct, Migration Certificate.
4. Photocopy of supporting documents for No.6, 16 & 17 of application form.
5. Five recent colour passport size photograph (3.5 cmx4.5cm)



Acknowledgement

Dear

..... your application(Form No.....) for admission in to BBA of Interscience Degree College has been received on Dt. Your Index No. You are requested to use this Index No for further communication.

Registrar/Admission Incharge



Interscience Degree College

(Affiliated to Utkal University, Approved by Govt. of Odisha)

Application Form

Bachelor in Business Administration (BBA)

Address : Interscience Campus, At./Po. Kantabada,
Via : Janla, Bhubaneswar, Dist-Khurda-752054,
Ph: 0674-2113208/09, Fax No-0674-2384733.
Mob. : +91-9438378020, 9338499777
Website: www.iimt.ac.in, Email Id: admission@iimt.ac.in



For Office Use Only

Date of Receipt: Index No.

Candidates to affix passport size photograph and sign across (3.5cmx4.5cm)

Please Write in Block Capital Using Black/Blue ball pen. Whenever applicable place tick () in appropriate Box.

Personal Details :

- Name of the Applicant: _____
- Father's Name: _____
- Mother's Name: _____
DD MM YY
- Date of Birth : 5. Gender : 6. Category: SC ST OBC OTHERS
- Nationality: 8. Mother Tongue: 9. Marital Status
Married Un-Married
- Religion: 11. Blood Group

Contact Details

12. Permanent Address with PIN	13. Correspondence Address with PIN
STD Code : _____ Phone No : _____ Mobile No : _____ E-mail Id : _____	STD Code : _____ Phone No : _____ Mobile No : _____ E-mail Id : _____

15. Language known (Other than English)

Language	Read	Write	Speak

16. Awards, Scholarships and Significant Achievements (Be specific)

Level	Academics	Sports/Games	Cultural Events
School Level			
College Level			
University/ State Level			
National Level			

17. Work Experience(s) (If Any)

Organisation	Designation	Period		Nature of Work & Responsibilities
		From	To	

18. Food Preference: Vegetarian Non-Vegetarian
19. Bus Facility: Required Not required

Educational Details

14. Details of Academic records (From 10th Standard onwards)

Qualification	Name of the School/ College	Name of University/ Board	Year of Passing	Stream	% of marks secured/Class/ Division

