KIPM - TECHNICAL CAMPUS

BL-1&2, Sector-9, GIDA, Gorakhpur (U.P.)

Your revolution starts ...
KIPM
GIDA, GORAKHPUR

KIPM - College of Engineering & Technology

Civil, Electrical, Mechanical, Elec. & Comm., Computer Sc. BTE Code - 4492 / AKTU Code - 751

Kailash Institute of Pharmacy & Management

D.Pharm, B. Pharm, M.Pharm BTE Code - 4829 AKTU Code - 516

KIPM - College of Management

M.B.A. AKTU Code - 517

Affix Passport Size Photograph

Signature

Thumb Impression

REGISTRATION FORM

JEE-Mains/JEE/Any Other _____ Rank _____

D.Pharma / B.Pharma / M.Pharma / M.B.A. / B.Tech. / Diploma (tick one)

PERSONAL DETAILS

1. Name of the Applicant Mr. /Ms.

FIRST NAME MIDDLE NAME LAST NAME

2. Date of Birth Place of Birth

3. Correspondence postal address (IN CAPITALS) (Do not repeat name)

PIN Code

4. Telephone Nos. _____ Mob. (Student) _____

5. E-mail Address _____ Mob. (Guardian) _____

6. Father's / Husband's Name

7. Profession / Business

8. Designation

9. Name of Organization

10. Official Address - If

11. Do you need Hostel accommodation? YES ☐ NO ☐

12. Do you need Transportation facility? YES ☐ NO ☐

ACADEMIC DETAILS

13. Academic Qualification

Exam	Board / University	School / College	Year of passing	Marks % awaited	Result	Subjects

(Attested copies of mark sheet of the inter / graduation should be enclosed with the application form)

14. ADHAR No. _____ (attach photocopy)

15. Category-GEN/OBC/SC/ST/Minority

16. Extra Curricular Activities / Hobbies _____

17. Where did you learn about the Institute _____

_____

Declaration : I hereby declare that the information given by me in the registration form is complete and accurate. I understand and agree that misrepresentation or omission of facts will lead to cancellation of my admission or expulsion, at any stage. I agree to abide by the rules and regulations of the Institute existing / to be framed later on. The decision of the Director shall be final and binding on me. I hold myself fully responsible for prompt payment of fees and any dues, if selected. I have noted that fees once paid are not refundable, under any circumstances.

I will not indulge in any form of ragging and if found indulging can be expelled immediately.

Signature of Parent / Guardian **Signature of candidate**

Place _____ Date _____