



Lodhipur Rajput, Delhi Road, Moradabad - 244 102 (U.P.)
Tel: 0591 - 2360817, 2550203, Fax: 0591 - 2360818, Website: www.iftmuniversity.ac.in

APPLICATION FOR REGISTRATION

S.No. _____

Date: _____

- 1. Name of the Course _____
- 2. Name of the Applicant _____
- 3. Aadhar No of the Applicant _____
- 4. Father's / Guardian's Name _____
- 5. Father's Occupation _____
- 6. Mother's Name _____
- 7. Permanent Address _____

Affix
Passport Size
Photograph

_____ Pin Code _____

Signature

8. Mobile No _____ Phone No _____

9. Email Id _____ 10. Date of Birth DD / MM / YYYY

11. Annual Income _____ 12. Gender Male Female

13. Category (Gen/OBC/SC/ST) _____ 14. Hostel Required Yes No

15. Education Qualifications

Exam / Course Passed	Degree / Diploma	Univ. / Board	School / College	Subjects	Roll No	Year of Passing	% Marks
Secondary / High School							
10+2 or Equivalent							
Graduation							
Post Graduation							
Any Other							

Declaration by the Applicant

I hereby declare that all the information given above by me is true to the best of my knowledge and understanding. In case of any false / incorrect information, I will be solely responsible for the same.

Signature of Father / Guardian

Signature of the Applicant