



AIMS

Education Campus

Managed by Madhav Education Charitable Trust

Vidyanagar-Vadtal Road, Bakrol, Anand -388 315 Gujarat.
Ph.: +91-2692-239246,239247, Fax: +91-2692-239248
E-mail: info@aims.ac.in Visit us: www.aims.ac.in

Application Form

Sr. No.:

Affix colour
passport size
photograph of the
applicant's & duly
signed by him/her
across the
photograph.

INSTRUCTION: To be filled by the applicant's own handwriting with a **Blue Ball Pen** and in **Block Letters**.
Please tick (✓) in the appropriate box. Incomplete or illegible form will be rejected.

COURSE APPLIED FOR : _____

PERSONAL DETAILS

Name: Mr./Ms. _____

(As it appears in the HSC Mark Sheet)

Father's Name: _____

Address for Correspondence: _____

City: _____ State: _____ Pin: _____

Phone No.(With STD Code): _____ Mobile No.: _____

E-mail ID: _____ Caste : General SC ST OBC

Date of Birth: _____ Nationality: _____

Passport No. : _____ Issuing Authority : _____

Sex : Male: Female: Blood Group: _____

Marital Staus : Married Unmarried

Academic Qualification:

Examination	Board / Institution	Year of Passing	Total Marks Obtained	% of Marks Obtained	No. of Attempts
S.S.C					
H.S.C					

The Details of H.S.C Marks obtained:

Sr. No.	Subject	Marks Obtained	Sr. No.	Subject	Marks Obtained
1.			5.		
2.			6.		
3.			7.		
4.			8.		

Family Record:

Family Member's Name	Relationship	Qualification	Occupation	Annual income

Any other course/college you have applied for _____

Source of information about AIMS _____

Hostel Accomodation is needed: Yes No

I _____ hereby declare that the details furnished above are true to best of my knowledge, complete and correct. The college has full right to cancel my application if any information is found incorrect or incomplete. I have read and understood the rules and regulations provided by AIMS Student Information Literature and agree to abide by them. I also accept liability for payment of all fees as explained in Student Information Literature and understand that any fees once paid to the college during the admission or after wards will not be refunded under any circumstances.

Date: _____

Place: _____

Signature of the Applicant

TO BE FILLED BY PARENTS / GUARDIAN

I, Mr. / Mrs. _____ parents / guardian of _____ here by declare that the above particulars filled by my son / daughter / ward are true to best of my knowledge and belief and if found incorrect, the application will be rejected. I have no objection against his / her seeking admission. Also I agree to abide by the rules of the college in this regard.

Date: _____

Place: _____

Signature of the Parents / Guardian

Checklist of documents to be attached with the Application Form:

1. Certified copy of H.S.C. examination / equivalent examination.
2. Certified copy of S.S.C. examination.
3. Certified copy of school leaving certificate / transfer certificate.
4. Certified copy of SC/ST/OBC/Other certificate wherever necessary.
5. Demand Draft of respective amount.

FOR OFFICE USE ONLY

Received by: _____

Checked by: _____