



**Campus : Ghari, Awang Leikai,
Imphal West, Manipur - 795140**

PHOTOGRAPH

1. Please read the form carefully before filling it.
2. Use only Blue or Black Pen to fill up the Form in English using CAPITAL/BLOCK LETTERS only.
3. Please keep a photocopy of the Form, before submitting, as a ready reference.
4. Incomplete Form will not be considered.

Programme Name:_____

Programme Specialization :

Session /Year:_____

PERSONAL INFORMATION (IN BLOCK LETTERS)

1. Gender (tick) ☐ Male ☐ Female ☐ Others

Date of Birth DD MM YY
(As mentioned in Matriculation Certificate)

2. Name of Applicant

(As mentioned in Matriculation Certificate)

[illegible]

4. Mother's Name

[illegible][illegible][illegible]

8. **Category** SC ☐ ST ☐ OBC ☐ GEN ☐ Minority ☐ EWS ☐ In case of others **Specity**

9. Nationality		Domicile	☐ Manipur	☒ Other	In case of others Specify	
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10. Whether differently abled Yes ☐ No ☐ If yes, specify

CONTACT DETAILS

Permanent Address (Don't Repeat Name)

City..... State Pin Code

Permanent Mobile No. (On which all the important information to be delivered)

Parent/Guardian Name Parent/ Guardian Occupation

Parent/Guardian Contact no. Email Id

QUALIFYING EXAMINATION DETAILS*

Examination	Degree	Board/University	Name of School/College	Total Marks	Marks Obtained	CGPA	Year of Passing	Subject
High School								
10+2 or Equivalent								
Graduation								
Post Graduation								

* Self attested copies of certificates/marksheet should be attached.

Payment details (applicable for downloaded form only)

Mode of Payment	Date	Amount	Campus / Name of the Bank

DECLARATION BY CANDIDATE

I hereby declare that all the information furnished by me are correct & best of my knowledge.

Signed by

roger

Candidate's Signature Parent's/Guardian Name

Parent's/Guardian Signature Place Date

R^{si}

Signature Certificate

Final Audit Report

2026-01-19

GUID :	gAOeHrF1be7ItkVWtDWUV1QaP
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