



**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  <sup>DD</sup>  <sup>MM</sup> -   -  <sup>YY</sup>   
(As mentioned in Matriculation Certificate)

**2. Name of Applicant**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

(As mentioned in Matriculation Certificate)

3. Father's Name

[illegible][illegible][illegible][illegible]

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

|                |  |          |  |         |                                  |       |                           |  |
|----------------|--|----------|--|---------|----------------------------------|-------|---------------------------|--|
| 9. Nationality |  | Domicile |  | Manipur | <input checked="" type="radio"/> | Other | In case of others Specify |  |
|----------------|--|----------|--|---------|----------------------------------|-------|---------------------------|--|

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 .....

Signed by

*peter*

Parent's/Guardian Signature ..... Place ..... Date .....

# Signature Certificate

**Final Audit Report**

**2026-01-19**

|              |                                             |
|--------------|---------------------------------------------|
| GUID :       | k7u8r1SHU29vdEOc9khso2h4f                   |
| Created At : | 2026-01-19 11:03:03 GMT                     |
| By :         | TMX Inter Modal(fernando@tmxintermodal.com) |
| Status :     | Signed                                      |

## History

- (1) **Document created by TMX Inter Modal(fernando@tmxintermodal.com)**

2026-01-19 11:03:03 GMT - IP address : 172.18.0.1

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