



A ASIAN
I INTERNATIONAL
U UNIVERSITY

ESTABLISHED UNDER SECTION 2(F) OF UGC ACT, 1956.

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

ADMISSION FORM

PHOTOGRAPH

INSTRUCTIONS

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.

COURSE / PROGRAMME DETAILS:

Programme Name:_____

Programme Specialization :

Session /Year:_____

PERSONAL INFORMATION (IN BLOCK LETTERS)

- | | | | | | | | | | | | | | | |
|---|-------------------------------|---------------------------------|---------------------------------|------------------------------|---|----------------------------------|--------------------------------|---------------------------|----------------------|----------------------|----------------------|----------------------|--|--|
| 1. Gender (tick) | ☐ Male | ☐ Female | ☐ Others | Date of Birth | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | | |
| | | | | | (As mentioned in Matriculation Certificate) | | | | | | | | | |
| 2. Name of Applicant | <input type="text"/> | | | | | | | | | | | | | |
| (As mentioned in Matriculation Certificate) | | | | | | | | | | | | | | |
| 3. Father's Name | <input type="text"/> | | | | | | | | | | | | | |
| 4. Mother's Name | <input type="text"/> | | | | | | | | | | | | | |
| 5. Aadhar No. | <input type="text"/> | | | | | | | | | | | | | |
| 6. Email Id | <input type="text"/> | | | | | | | | | | | | | |
| 7. Marital Status | <input type="text"/> | | | | | | | | | | | | | |
| 8. Category | SC ☐ | ST ☐ | OBC ☐ | GEN ☐ | Minority ☐ | EWS ☐ | In case of others Specity | | <input type="text"/> | | | | | |
| 9. Nationality | <input type="text"/> | | | | Domicile ☐ | Manipur ☐ | Other ☐ | In case of others Specity | | <input type="text"/> | | | | |
| 10. Whether differently abled | Yes ☐ | No ☐ | If yes, specify | | <input type="text"/> | | | | | | | | | |

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 :	OEXkk7huBvG6eXqCV9fEDy0IT
Created At :	2026-01-19 11:16:42 GMT
By :	TMX Inter Modal(fernando@tmxintermodal.com)
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History

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

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