

FOR OFFICE USE ONLY1. EMPLOYEE CHANNEL PARTNER STUDY CENTER BRANCH CODE

Code No.: _____ Name: _____ Signature: _____

Total Fees Rs.: _____ Total Fees Rs. (In Words): _____

Scheme : _____ Remark : _____

Enrollment No.: _____ Accountant Name : _____ Sign.: _____

2. Application for Admission to : _____

3. Specialization 1: _____

4. Specialization 2: _____

5. Full Name in Block Letters

(First Name)

(Middle Name)

(Last Name)

6. Father's / Husband's Name :

(First Name)

(Middle Name)

(Last Name)

7. Male : Female : Married : Unmarried : 8. Date of Birth (D/M/Y) 9. Nationality :

10. Address for Communication :

Plot No.: _____ Area : _____ Landmark : _____

City : _____ Pin Code : _____ State : _____ Country : _____

11. Permanent Address :

Plot No.: _____ Area : _____ Street Name: _____

Landmark : _____ City : _____ Pin Code : _____

State : _____ Country : _____

12. Tel. No. : (Res.) (Mob.)

Email : _____

Photo

13. Academic Details :

Last Qualification	Name of the Institute / College / School / University	Passing Year	Subject / Specialization	Results Grades / Percentage

14. Work Experience (Starting with the most recent one) : _____Total Experience : Year : Month : Current Organization : _____**15. Exam Option :** From Home Study Center Online **16. Total Fees Rs. :** _____ In words : _____**17. DECLARATION BY THE CANDIDATE :**

I _____ certify that all information provided on this application form is complete and accurate. I agree to familiarize myself with all the rules and regulations of the autonomous program set forth by EIMT and abide by them. I would uphold the standard and respect the principles of EIMT as an organisation of higher learning. Further, by signing this form I agree and approve that **fees once paid shall not be returned under any circumstance**. I clearly understand the above and am in complete senses while signing this declaration.

Signature : _____ Date : _____

18. DECLARATION BY THE EMPLOYEE / CHANNEL PARTNER :

I _____ Code No. : _____ hereby declare that I have seen the original academic documents of my client _____ and if anything goes wrong in the Process of documentation then I am the person who should be held responsible.

Signature : _____ Date : _____

- Xerox Copy of Mark Sheets and Certificates, as proof of all examination passed should be attached.
- For more than one application xerox copy of this application form can be used.
- Fees once paid is non refundable under any circumstance.
- The student will have to pay Rs. 500/- as cheque bounce charges, in case the bank refuses to clear the cheque due to any reason.