

N.H. # 2, Mathura - Delhi Road, P.O. Chhatikara, Mathura-281001 (U.P.)

(Session 200 - 201)

1. Name of the Course Applied for

2. Name of the Applicant (in English)

(in Hindi)

3. Father's/Husband's Name & Occupation

4. Date of Birth
(as per H.S. Certificate)

Date	Month	Year

5. Category
(GEN/SC/ST/OBC)

6.. Sex (M / F) ☐

7. Marital Status

8. Nationality

9. Address for Correspondence

Telephone No. _____

10. Permanent Address

Telephone No.

11. Permanent Identification Mark

12. Educational Qualification

Name of Examination	Board / Univ.	Year	Marks Obtained	%age	Grade / Division	Subjects
1. High School						
2. Intermediate / 10+2 Higher Secondary						
3. Graduation						
4. Others						

13. Mode of Admission (Tick the appropriate box)

(a) Through Univ. Entrance Test ☐ , then Roll No. Rank

(b) Through Management Quota ☐

14. Hostel Accomodation Required (Yes/No) ☐ if YES,

Name & Address of Local Guardian _____

Relation _____

Occupation _____

15. Bus facility Required (Yes/No) ☐

16. Following documents are being furnished with this admission form :

- | | |
|-----------|-----------|
| (1) | (2) |
| (3) | (4) |
| (5) | (6) |

Declaration

I, hereby, solemnly declare that the above mentioned information is correct and I fulfil the eligibility conditions of the course. I shall maintain discipline and good moral conduct and abide by the rules of the Institute and also the University. In the event of my false statement or indiscipline or misconduct or irregular attendance or unsatisfactory performance in examinations, seminars and tutorials, I shall be liable for removal from the course altogether and for such other punishment as may deemed proper.

.....
(Signature of Father/Guardian)

Date :

Place :

.....
(Signature of Applicant)

For Office Use Only

Total Amount Recieved

By Cash By D.D.

D.D. No.	Name of the Bank	Date

Following documents are not furnished with the Admission form :-

- | |
|-----------|
| (1) |
| (2) |
| (3) |
| (4) |
| (5) |

Admission form is complete / incomplete.

(Signature of Scrutiny Officer)

Recommended for Provisional admission

Date : (Signature of Chairman/Director)

CHECK LIST

The Candidate is required to attach following documents with this form :

1. Fee in Cash or by D.D.
2. Attested copies of HS/SSC in support of age.
3. Attested copies of marksheets/certificates of qualifying exam & others.
4. Character Certificate from the Head of the institution last attended.
5. Original Transfer / Migration Certificate from the Institute / University last attended.
6. Five passport size & one stamp size photographs.

Before,
Director RATM, Mathura

I age (Years) s/d/o

r/o presently residing at

applicant for Course do hereby accept the following conditions, that

1. I will be regular during my classes and will maintain (minimum) 75% of attendance.
2. I will appear in all seasonal exams conducted by the institution.
3. I will always attend my classes in proper uniform
4. I will participate in all the regular and extra co-curricular activities (like Guest Lectures, MDP, Industrial Visit, Educational Visit and International Conference).
5. To avoid accidents and unwanted activities parents are advised to send their word by college conveyance, college will not responsible for any mishappening by self vehicle.
6. During the college hours, I will not leave the college campus without the permission of the concerned authority.
7. I will not use mobile phone during the classes.
8. I will consider institutes property as own property and if damages caused by me to the institutes property then, I am abide by the disciplinary rules and regulation of institution.
9. I will always abide by all the disciplinary rules and regulations of the college during my course.

In contravention to the above said conditions college will have all rights reserved to terminate or suspend me, and in that case I will not make any recommendations before college management.

Date:

Guardian's signature .

Applicant's signature

Rajiv Academy for Technology & Management, Mathura

Personal Information

Session 2010-2011

Course:.....

Name:.....

Students Mobile No.(if any):

e-mail:

Father's Name:Qualification:

Occupation:..... Annual Income

Office/Business Address:

Mobile No.: Tel./Fax No.:

Affix a recent
Passport size
Photograph of
Father

Mother's Name: Qualification:

Occupation: Contact No (If Any):.....

Office/Business Address:.....

Affix a recent
Passport size
Photograph of
Mother

Permanent Address with proof:.....

Details of Family members residing with the candidates:

Sl No.	Name	Relation with Student	Qualification	Occupation
1-
2-
3-
4-

Reference:/Local Guardian Name: Relation:

Occupation: Tel. No.....

Residence Address:.....

Tick the person/persons with their passport size colour photographs, who will be in touch with college during the course completion of the ward.

Date:

Place:

Signature of Parents

Name:.....

Relation:.....