

# INSTITUTE OF SCIENCE & MANAGEMENT

(RECOGNISED BY AICTE, MINISTRY OF HRD, GOVT. OF INDIA, NEW DELHI)

**ISM CAMPUS, PUNDAG, RANCHI - 834 004 (INDIA)**

Phone: 0651-2242060, Fax: 0651-2240630

Website: www.ismranchi.org, Email: contact@ismranchi.org

For Office use only

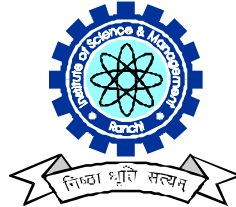
Date of receipt

Serial No.

Regn. No.

Remark of the screening

Committee:



## APPLICATION FORM

Affix a recent passport size photograph

Regn. No.

1. COURSE APPLIED :	6. (a) Is this application sponsored? YES/NO  (b) If yes, please give the name and address of the sponsoring authority
2. NAME (in block letter) Mr/Mrs/Miss	7. Are you employed? YES/NO  If yes
3. FATHER'S NAME Sri	(a) Practical experience/employment (if any)  Organisation      Year      Name of the Work
4. ADDRESS (Permanent)   Phone No. : Email :	(b) Is the application sponsored by your employer? YES/NO  (c) If yes, please give the name and address of the sponsoring authority
5. ADDRESS FOR COMMUNICATION   Phone No. : Email :	(c) Are you likely to receive any salary from your employer during the study? YES/NO

<p>8. DATE AND PLACE OF BIRTH</p> <p>Date _____ Month _____ Year _____</p> <p>Place _____ State _____ Nationality _____</p>	<p>10. Educational qualifications (give detail in the following <b>Career Section</b>)</p> <p>Highest Examination Passed :</p> <p>University :</p> <p>Year &amp; Month :</p> <p>% of Marks :</p>
<p>9. Do You belong to SC/ST/Physically Handicapped? YES/NO</p> <p><input type="checkbox"/> SC      <input type="checkbox"/> ST      <input type="checkbox"/> PH</p>	

## Career Section

11. NAME

(i) Detail of examinations Passed from matriculation or equivalent onwards:

Examination Passed	Board/ University	Year of Passing	Subject	Class/Div.	Total	% of Marks

(ii) Other Professional / Technical qualification:

Institution Attended	University	Examination Passed	Class / Division	Year	% of Marks	Subject Offered

(iii) Detail of Training/Apprenticeship:

Name of Organisation	Name of Training / Apprenticeship	Duration		Diploma / Certificate Obtained
		From	To	

(iv) Business Professional Experience:

Organisation	Designation	Description of Job / Nature of Duties	Date of Joining	Date of Leaving	Last Salary Drawn

12. Number of Enclosures :

- (a)
- (b)
- (c)
- (d)
- (e)
- (f)

Application completed in all respect accompanied by copies of all documents in support of age, qualifications etc. must be submitted to "Institute of Science & Management, Ranchi - 834 004."

13. Declaration

(i) **By Candidate**

I certify that application has been filled in my own hand writing and the entries made are correct I do hereby propose that in the event of my being admitted I shall abide by all the rules and regulations of the Institute and I shall never take part in any subversive activities.

Date .....

Signature of the applicant

(ii) **By Parent / Guardian**

In the event of my ward son/daughter Shri/Miss/Mrs. .... being admitted to the Institute of Science & Management, Ranchi, I shall be responsible for his/her conduct in and outside the Institute campus and undertake to pay his/her dues and other expenses during his/her career at the Institute of Science & Management, Ranchi. I will withdraw my ward/son/daughter, if his/her attendance, progress or conducts are unsatisfactory.

Signature of Parent/Guardian.....

Occupation.....

Address .....

.....

Date : .....

Phone .....

INSTRUCTION TO CANDIDATE

1. Fill in the application form carefully without ambiguity.
2. Supply accurate and completed information in the form, Failure to do so will adversely affect the consideration of the application for the admission even after selection.