

Prof. Brijmohan Mishra Institute of Medical & Technical Sciences

– Burhanpur . MP . India –

Managed by ISWAM Academy of Technical & General Education

"BIMTS Parishar", Khandwa Road, Jhiri, Burhanpur 450 331 (M.P.). Contact No. 07325-288088, 288077, E-mail: bimtsburhanpur@gmail.com

ADMISSION	FORM	Course													
Fr. No:	<u>Session 20 - 20</u>								Date:		/	/	20		
Note: Fill the correct information: Name, Category, Date of Birth & Medium (Hindi/English)															
	Regist	tration form	n fo	or A	dmi	ssio	n in	П	7 / P	G					
10 th Class Examination				71 11	41111	5510			<u> </u>						
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12th Class Examination	on Details:	ABCD ID													
Year of Passing:		Roll No.:					Mo	other's	Nam	e					
Personal Details															
Application ID:				Candidate Full Name:											
Mother's Name:		Father's Name													
Date of Birth:															
Religion:			Blood Group												
Marital Status:			Samagra ID:												
Email ID:			Mobile No. (for OPT)												
Contact Details:				1.10		01 (10		7							
Nationality:					N	Iobile	No. 2	2:							
Address:															
State:			City:												
District:						Piı	ı Code	e:							
Reservation Details:															
Domicile No:					Mir	ority	Statu	s:	[Yes /]	No]					
Eligible Category:	UR/OBC/SC		Candidate's Category:					UR/OE	BC/SC	-ST/	PH []			
Annual Income is more than 8 Lakh:	(Yes / No)				Anı	nual I	ncom	e:							
Caste Certificate Issued (Online No.:														
PH (Yes / No):							Class	:							
We	eightage selecto	ed as per rule No.	.:												
Qualification Details:															
Roll No.:					Yea	r of P	assing	g:							
Result:				Sul	oject (.	Addit	ional)	:							
Board/University Name:				Grade Type					CGPA /	/ Perce	entag	ge .			
Marks Obtained:				Total Maks :											
Percentage:				Schoo	ol/ Co	llege	Name	:							
Misconduct Details:															
Is any action take															
Is any ca Declaration: I certify that		gainst applicant i							t. If anv	/ infor	mati	on fou	ınd fa	alse. tł	nen
my application will be re															
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BUS Facility(Yes/No):					Signature:										