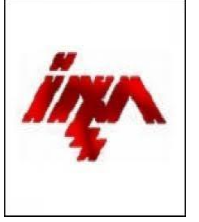




**INSTITUTE OF MANAGEMENT STUDIES
DEVI AHILYA VISHWAVIDHALYA,
INDORE, MADHYA PRADESH**



Please fill this form in CAPITAL Letters and submit it at Fees Section of IMS.

Application Id: _____

Name of the Student: _____

Admitted in Program at IMS: _____

Semester: _____

Gender: _____

PHOTOGRAPH

Mobile Number: _____

Alternative Mobile Number: _____

Marital Status: _____

Nationality: _____

Last Examination Cleared: _____

Date of Birth: ____/____/____

Domicile of Madhya Pradesh: Yes / No (Please Tick) _____

Religion: _____

Category: _____

Blood Group: _____

Aadhar Number: _____

Present Address:

Father's Name: _____

Father's Mobile number: _____, **Guardian's Name:** _____

Mother's Name: _____

Permanent Address:

Declaration: I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby authorize sharing of the information furnished on this form with the IMS, DAVV.

Place:

Date:

SIGNATURE OF Student