



INSTITUTE OF PSYCHO MANAGEMENT STUDIES

101, Sarthak Apt, 17-B Modern Colony, Chhatrapati Nagar, Nagpur – 440015, TEL.: 0712-3560085 /9890253717

APPLICATION FORM

Course Applied for: _____

Medium: _____

Full Name: _____

Complete Address: _____

Tel. No. (Resi.) _____ (Office.) _____

Mobile No.: _____ Email id: _____

Date of Birth: _____ Gender: _____ Marital Status: _____

Name of Father : _____

Name of Mother : _____

AADHAR No. : _____ PAN No. _____

PHOTO

Educational Qualification:

S.No.	Name of Degree	University	Year of Passing	Class Obtained

Documents Enclosed (duly attested)

1. Age Proof : _____,

2. Qualification Certificate: _____,

3. Photographs: _____

4. Remittance - Cash/DD/Cheque No. _____ /Bank Transfer _____

5. Any Other _____

Declaration::

I will abide by the rules and regulations of the institute and apply myself seriously to the studies.

Place:

Date:

Signature of the Applicant

FOR OFFICE USE ONLY

Folio No. _____ Enrolment No. _____

FEE DETAILS

Paid Rs. _____ By Cash/ Cheque/ DD No. _____ Dated _____

ON Bank _____ R.No. _____ Dated _____