

## MADAN INSTITUTE OF PROFESSIONAL STUDIES® A UNIT OF MIPS PRIVATE LIMITED

C-4/37, 3rd Floor, Sector-6, Rohini, Delhi-110085

A UNIT OF MIPS PRIVATE LIMITED 

Form No.:		Sessio	on :		Cou	rse :	•••••	
1. Name of the Candidate (IN BLOCK LETTERS)								
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2. Father's Name (IN BLOCK LETTERS)								
2. Tather 3 Name			] 			$\neg \neg \bot$	Affix Recent	
3. Mother's Name (IN BLOCK LETTERS)							Passport Size	
3. Wother s Nam						$\neg \neg \mid$	Photograph	
4. Date of Birth								
6. Gender	7. Categ	ory	8. Sub Cat	egory	9. Original Reside	nt of	10. Profession	
Male Ge	en S		PH / .		UP		Occupation	
Female			Ex-Ser./De <sub>l</sub> Dep.		State Other than UP	11	ncome (Per annum)	
	ermanent <i>A</i>		<del>эср.</del> Т		12. Correspo		Address	
11. Termanene Address							1441	
	•••••							
WhatsApp No.:				Alternate No.:				
E-Mail ID:					Aadhaar No.:			
14. Academic Record								
Examination Passed	Roll No.	Marksheet N	No. Passing Year	%	Board/Univ.	Total Ma	rks Marks Obtained	
10 <sup>th</sup> Class								
12 <sup>th</sup> Class								
Graduation								
Masters								
Other								

## **ADMISSION RULES AND REGULATIONS**

- ★ The Student must pay his/ her fee during the specified period as communicated.
- ★ The fee has to be paid at the time of admission or when notified.
- ★ In case the Student does not pay the fee during the specified time, A late fee @ 50/- rupee per day will be charged as per the date communicated.
- ★ Fee once paid will not be refunded on withdrawal / cancellation of admission under any circumstances.
- ★ It is the sole responsibility of the student to collect the original fee receipt from the Office against any payment made.
- ★ Original Migration certificate must be deposited in first semester.
- ★ Examination fee will be paid separately as per university notification.
- ★ Practical files, assignments & viva etc. compulsory.
- ★ Student declares that he/she has no criminal records.
- ★ The decision of the Institute will be final and binding in all such matters.

## **DECLARATION**

I hereby declare that information furnished herein above is true and correct to the best of my knowledge and belief, I further declare that the attested photocopies of the certificates submitted by me at time of admission are true copies of the originals.

Place & Date	Counsellor Name	Signature of the Applicant