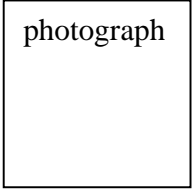




I.C.E Management Institute
Off campus study centre Bharathiar University

83/4, Dr.Suresh Ch. Banerjee Road. Kol – 700010
 Ph : 2363 9192 / 27057182 / 9836875443 / 9836028964



Admission No. -200801

ADMISSION FORM

Please fill up the form in Block Letters

NAME OF THE COURSE **SESSION**.....

NAME.....
 (Surname first)

DATE OF BIRTH..... **NATIONALITY**.....

ADDRESS :

For communication :

Permanent

Telephone : **E-Mail**.....

Name & Address Of Father / Guardian

Telephone. No..... **E-Mail**.....

Name And Address Of Local Guardian (For Hostalites)

Occupation & Designation Of Guardian

ACADEMIC QUALIFICATION:

Standard	School/College	Board/University	Year	Marks %
X Level				
XII Level				
Degree				

Highest Qualification				
------------------------------	--	--	--	--

Details Of Job Experience (If Any):

Organization	Designation	Department	Net Salary	Period Of Service

DECLARATION

I declare that the information given above is correct to the best my knowledge and **I Understand that fees paid by me is not refundable under any circumstances.**

Date:

Place:

Signature of the applicant

Signature of Guardian