Established by an Act of Parliament in 2008

Online Counselling Registration Form

Personal Information CET Application No CET Rank Name of the Candidate Parent/Guardian Name Gender Date of Birth (DD/MM/YYYY) Category (Please enclose a copy of the certificate) **Contact Details** Address for Correspondence : Email ID Mobile No. **Academic Details** X std Year of Passing Name of the Board: Subject English 100 Maximum Mark Mark Scored XII std Year of Exam Whether passed Name of the Board:

Subject	English	Physics	Chemistry	Maths
Maximum Mark	100	100	100	100
Mark Scored				

Do you fulfil the conditions prescribed for Physical Fitness as per IMU's Academic Brochure: YES / NO Do you fulfil the conditions prescribed for Eye Sight as per IMU's Academic Brochure: YES / NO

Counselling fee details

SI. No.	Date of Payment	Amount	Bank Transaction No	Mode of Payment	Status

Programmes and Campuses

Option	Programme	Campus		

(Signature of applicant)