



KARNATAKA INSTITUTE OF MANAGEMENT AND TECHNICAL EDUCATION

(Autonomous Body, Registered Under Govt of Karnataka)

ADMISSION CUM EXAMINATION FORM

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Examination Session: Regular ☐ Correspondence ☐

Roll No: Centre Code:

Registration No.:

1. Name of the course :

2. Student Name (in Block Letter) :

3. Father's Name :

4. Address for Communication (in Block Letters):

Pin Code Phone No:

Email ID :

5. (a) Date of Birth : (b) Age : (c) Sex : M ☐ F ☐

(d) Nationality : (e) Mother Tongue :

6. Previous Academic Qualification:

S.No	Examination Passed	Board / University	Reg.No Year of Passing	Marks Obtained	% of Marks	Medium

7. Subjects taken in Diploma / Certificate Course:

1. 2. 3.

4. 5. 6.

8. Employment Record

(a) Designation :

(b) Company Name & Address with Phone No :

(c) Period of Employment :

9. Mention how you came to know IIMTE (Newspapers/Website/Brochures)

☐ Student of IIMTE

☐ New Paper Ads

☐ Handbills

☐ Facilities of IIMTE

☐ Wall Poster

☐ Poster

10. Details about payment of fee

(a) Amount Rs. :

(b) Name of the Bank :

(c) Deposit Slip . No. & Date :

10 I declare that the particulars given above are correct and that I will, if admitted, abide by the rules & regulations of IIMTE .

11. I am aware of the fact that the course I desire to join is NOT recognized by Directorate of School Education , Directorate of Technical Education, AICTE & NCTE

Place: _____

Date : _____

Signature of the Student

Enclosures:

(a) Xerox copy of (i) Date of Birth Certificate (ii) Educational Qualification

(b) Demand Draft. (c) Address Proof & Identity Proof (Aadhaar Card Copy)

(c) Passport Size Photos - 5 Nos

OFFICE USE ONLY

Centre Name & Code :

Date :

Verified and Checked

Coordinator Signature with Seal