



# ITM GROUP OF COLLEGES

(Approved by AICTE & Affiliated to UP Technical University ,Lucknow)  
 NH-24,SITAPUR ROAD,BAKSHI KA TALAB ,LUCKNOW-227202  
 Phone : 9984940001,9792740002  
 E-mail address : itmlko@gmail.com  
 (An ISO 9001:2008 Certified Institute)

## Registration form For Session 2017-18

Rs.500/

1. For Admission to B.Tech./B.Arch/MBA/BBA/B.Com./Diploma/PGDM/BTC/B.Ed.
2. Preference of Branch:  
**B.Tech.:-**(CS/IT/ECE/EN/AG/ME(AUTO/PROD.)/BIO TECH./CIVIL)  
**DIPLOMA:-** CIVIL , ME(AUTO),ME (PRO.),EN,CIVIL,ARCHITECTURE



3. NAME OF CANDIDATE (CAPITAL LETTERS).....Ph.....  
 NAME OF CANDIDATE (IN HINDI).....
4. FATHER'S NAME .....Ph.....
5. MOTHER'S NAME ..... Ph.....
6. EMAIL ID ..... 7. ADHAR CARD NO. ....
8. Do you require hostel accommodation: Yes / No: .....
9. Do you require Bus: Yes / No: .....

<b>GENDER</b>  MALE <input type="checkbox"/>  FEMALE <input type="checkbox"/>  OTHER <input type="checkbox"/>	<b>ORIGINAL RESIDENT OF</b>  U.P. <input type="checkbox"/> OTHER STATE <input type="checkbox"/> NAME OF STATE.....	<b>DATE OF BIRTH</b>  <input type="text"/>	<b>CATEGORY:</b>  GEN <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> MINORITY <input type="checkbox"/>
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**ACADEMIC QUALIFICATION : (Attach Documents)**

EXAM PASSED	NAME OF SCHOOL/COLLEGE	BOARD/UNIVERSITY	YEAR OF PASSING	OVER ALL%	PCM %	REMARK
HIGH SCHOOL						
INTERMEDIATE						
GRADUATION (B.A /B.Sc./B.Com.)						
OTHER						

CORRESPONDENCE ADDRESS(IN CAPITAL LETTER).....  
 .....  
 .....PIN CODE.....

Student thumb impression

Signature: .....  
 (Parent / Guardian)



Signature: .....  
 (Student)

Date: