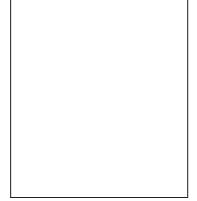




# IIMS®

D.H. Road, Jos Brothers Building, Jos Jn., Kochi - 682016.  
Ph. : 0484 2362183, 2364183, 2368183. Mob. : 8157860361, E-mail : iimscochin@gmail.com www. iimscochin.com  
Door No : 68D, Munnar - Adimaly Road, Near Anachal Petrol Pump, Anachal , Munnar - 685565  
Phone : 04865 298183, 9074543320, 6282582735, Email : iimsmunnar183@gmail.com  
Kimi Building, Palakkad - Malampuzha Road, Near Fantasy Park, Malampuzha, Palakkad- 6788651  
Phone : 0491 2815183 , 9995007729 , 6282587294. Email : iimspkd@gmail.com

## APPLICATION FORM



ENROLMENT FORM NO.

COURSE ENROLLING FOR

CENTRE OPTED

Name .....Male/ Female.....

Date of Birth.....Place .....Nationality.....

Caste.....Religion.....

Current Address ( for communication).....

.....District.....

Pin.....State.....Mobile No.....

Permanent Address.....

City.....Pin.....State.....

Passport No.....Tel No.....Mobile No.....

Parent's / Guardian's Name.....

Occupation.....Annual Income (Rs).....

Address.....

Pin.....State.....Tel.....Mobile.....

Reference ( to Prominent citizens from neighbourhood)

1) Name.....

Occupation.....Tel.....

Address.....

II) Name.....

Occupation.....Tel.....

Address.....

HOSTEL FACILITY - Required / Not Required

School / College attended Last

Name of Instiution	Course Attended	From (Year)	To(Year)	Passed or Failed

Professional Training / Practical Exparience, if any (from most recent)

Nature of Work / Designation	Employers	From	To

Sl.No	Languages Known	Read	Write	Speak

MotherTongue.....

How did you come to know about this course.....

.....

Reason for choosing this course.....

.....

Reference in IIMS ( if any ).....

.....

What are you planing to do after completion of this course. ?

job       consultancy       own project       higher studies

This is to affirm that all information given above is true and that I have read and accepted the terms and conditions.

Signature of Parent / Guardian

Date.

Signature of student