



INDRAVATI VINAY INSTITUTE OF MANAGEMENT & TECHNOLOGY

EXAMINATION FORM

Examination Center (To be filled by the Institute) _____

Enrollment Number (To be filled by the Candidate) _____

To be filled by the Candidate

1. Institute Code _____

To
The Controller of Examination
IVIMT
New Delhi

2.

Signature of the candidate in
running hand, within the box only

3.

Paste (Do not
staple) recent
photograph (Size
35mm x 45mm)
duly attested by
the
Dean/Principal/H
ead of the
Institution

Sir,
I request permission to present myself at the ensuing (Main/Back/Supplementary)
examination to be held in the month _____ and year 20___. I furnish my details as stated below:

4. Candidate's name in Capital Letters (Strictly as per Class X Marksheet/Certificate):

First Name _____

Middle Name _____

Surname _____

5. Date Of Birth ____/____/____

6. Gender : Male ☐ Female ☐

7. Mother's Name in Capital Letter: (Leave a gap between first Name, Middle Name and Surname) _____

8. Father's / Husband Name in Capital Letters: (Leave a gap between first name, Middle Name and Surname) _____

9. Candidate's mailing address in Capital Letters Only:

House no _____ Building/ Locality _____

Street _____

Town _____ District _____

State _____ Pin Code _____

10. College Name: _____

11. Contact No : _____

12. Email Address: _____

13. I will be appearing for the following Papers: -

Sr.no	Paper Name	Paper Code	Semester
1			
2			
3			
4			
5			
6			

14. DECLARATION BY THE CANDIDATE

- 1) I am aware that, I have to fulfill criteria of attendance and Internal Assessment prescribed by the Institute/ MCI, failing which I shall be held "Not Eligible" and will not be allowed to appear for examination.
- 2) I hereby declare that I have gone through the syllabus as prescribed and adopted by the Institute and relevant rules of the Head of Institution which are applicable for the examination for which I am appearing and I accept the same without any challenge (wherever applicable).
- 3) I shall be responsible if my application form is rejected for any errors, wrong or incomplete entries made by me in the examination form.
- 4) I am not defying the criteria of the admission order.
- 5) I am not admitted to the course after the cut-off date declared by the Institute for Grant of terms.

Place :

Date :

Signature of Candidate in running hand

15. FOR THE USE OF INSTITUTION OFFICE

Fulfills Attendance Criteria	YES/NO	Fulfills Internal Assessment Criteria	YES/NO
Fee Receipt No.(Attached)	YES/NO	Signature of Verifying Officer	YES/NO

17. CERTIFICATE BY THE HEAD OF INSTITUTION

I certify :

1. That Shri/Smt./Kum..... is a bonfire student of this institute, admitted to the.....course in the Admission Session 20__ - __. He/she is not admitted to the course after the cut - off date for grant of terms.
2. That his/her attendance is not less than as prescribed by the Medical council of India norms in lecture teaching and practical work up to submission of this application.
3. That the candidate has completed the academic terms and appeared in mandatory number of internal assessment tests as per the MCI rules and has scored internal assessment marks required to appear in this examination (wherever applicable).
4. That the information furnished by the said candidate is verified from his/her documents and that the candidate is Eligible to appear for Examination.

Place:

Date:

Signature & Seal of the HOI