

ADMISSION FORM

Indian Institute of Telecom Management

4, East Park Road, (Near New Rohtak Road), New Delhi -110005

Phone No.: 011-23629300/01/02/03, Email: info@iitmedu.org, Website: www.iitmedu.org

Session.....

Course Applied For.....

Kindly Paste Your Resent
Colored photograph
here.

PERSONAL DATA

1. Name of the Candidate (in block letters)
(As given in the secondary certificate)
2. Father's Name
3. Mother's Name
4. Date of Birth (dd/mm/yy)

--	--	--	--	--	--	--	--
5. Sex
6. Correspondence address
.....
.....
7. Permanent address
.....
.....
8. Telephone No.
9. Mobile No.

10. E-mail (if any).....

11. Whether in Service.....(Yes/No).....

12. Academic Qualifications:-

Exam. Passed	Year	University/Board	Duration	Result with Percentage

13. List of Documents attached:

- i.
- ii.
- iii.
- iv.
- v.

14. Mode of Payment of Admission:

DD No.drawn on bank
Branchfor Rs(Rupees)

DECLARATION:

I certify that I fulfill the eligibility requirements of the above program as stated in the information Brochure of the INDIAN INSTITUTE OF TELECOM MANAGEMENT and have furnished correct information. I also declare that I have read all the rules and regulations governing admission and fee payable to INDIAN INSTITUTE OF TELECOM MANAGEMENT and agree to abide by the same if selected. I also understand that the decision of the Admission Committee of IITM regarding my selection will be final and binding on me and the fee paid is non-refundable/non-adjustable.

Place:

Date:

Signature of Applicant