

ACADEMIC QUALIFICATION

Name of Exam.	Stream/Subject	School/College	Board / University	Year	% Marks secured
High School / Secondary					
Intermediate / Higher Secondary					
Graduation Specify:					
Post Graduation					
Professional & other degrees					

Note : Enclose attested photocopy of the following documents.

Marksheet of Graduation :

CAT / MAT / ATMA / Any other Score Card :

Wrok Experience (if any) :

Name and Address of Organisation _____

Designation _____ Period From _____ To _____

Are you graduate from any of the I.T.S Group of Institutes: Yes No

If yes :

Course : _____ Year of Passing : _____

Division : _____ % Marks : _____

DECLARATION BY THE APPLICANT

I, on admission, will adhere to the rules and discipline of I.T.S. I have clearly understood the eligibility requirements as per norms of the course applied for and confirm that, I fulfil all the requirements for admission to this course. I understand that the decision to offer me a seat at any of the Campuses rests with the Institute. I hold myself responsible for the dues and prompt payment of fees. I have noted that the fees paid are not refundable, under any circumstances. I have filled up the application after carefully reading all the instructions given in the prospectus. I declare that the particulars furnished above are true to the best of my knowledge and belief, if anything is found untrue, my admission may be cancelled by the Institute. I also undertake that I shall not seek inter-Institute transfer after admission.

Date : _____

Signature of the Candidate

I fully endorse the declaration made above by the candidate. I shall ensure prompt, complete and timely payment of all fees & other dues, financial or otherwise. Besides, I undertake to guarantee his/her good conduct and behaviour during the tenure of his/her studentship in the Institute. If ever the candidate contravenes any of the rules and regulation of the Institute and the hostel and also the above conditions, I will abide by the decision of the Institute authorities & same will be final & binding on me & the student.

Signature of the Parent/Guardian

Date : _____

Name _____

For Office use

(Not to be filled by the candidate)

Date	Remarks
GDPI Date dd <input type="text"/> <input type="text"/> mm <input type="text"/> <input type="text"/> yyyy <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	



ITS - THE EDUCATION GROUP

CAMPUS-1 : I.T.S - Management & IT Institute, Ghaziabad

CAMPUS-2 : I.T.S - Institute of Management, Greater Noida

ADMISSION OFFICE : I.T.S, Mohan Nagar, Ghaziabad - 201007

TEL.: 0120 – 4174900, FAX: 0120 – 4174913

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