



Corporate Office : 56, Gayatri Sankul, Sanewadi, Near The Pratap Co-op. Bank, Badlapur (West) - 421503.

Tel: 8999946320 / 9823098175 , Email: info@aismt.in, aismtonline@gmail.com Web : www.aismt.in/ www.aismtonline.in

ADMISSION FORM

Admission No : _____ Course Name: _____

Admission Date: _____ Academic Year: 20____ - 20____

(USE CAPITAL LETTER ONLY)

Personal Details

Name of Applicant : _____

Father's Name : _____

Mother's Name : _____

Date of Birth : _____

Aadhar No : _____

Fix
Photograph of
students

Contact Details

Email ID : _____ Mobile No : _____

Permanent Address: _____

Communication Address: _____

Qualification Details

Qualify Examination: _____ State: _____

Board or University Name: _____ Percentage: _____

Experience Details

Sr. No.	Name of Organisation	Organisation Type	Period of Services	Designation	Employment Type

Exam Details

Preferred location (Exam Centre): _____ Thane / Sion (In Mumbai Zone)

Exam Language: _____ (Marathi / English) Book Material Language: _____ (Marathi / English)

Details of Subject (Appearing)

Subject Code	Subject Name	Appearing Exam (Tick)
Paper 1	Management of Co-operative Housing Societies	<input type="checkbox"/>
Paper 2	Accounts	<input type="checkbox"/>
Paper 3	Auditing	<input type="checkbox"/>

I _____ certify that information given in this form is true to the best of my knowledge. I have understand and agree to abide by the rules, regulations and procedure laid down there in and accept that may change from time to time at the directions of Institute management and extend my full cooperation to keep things moving in a healthy manner.

Place : _____

Date : _____

(Signature of Applicant)

For Office Use

TO BE ATTACHING FOLLOWING DOCUMENTS:

- Graduation Marks list with Provisional Passing Certificate
- Aadhar Card
- 2 Passport Size Photograph
- Signature in Your Admission form Back side for Registrations.
- Date of Birth Proof
- Marriage Certificate or Name Change Gazette Copy issued by Govt. for female.
- Name Change Gazette Copy issued by Govt. for male

Total Fees	Receipt No.	Date	Amount Paid	Cash/ Cheque	Branch	Received by

(Authorised Signature)

