



# INSTITUTE OF FOREIGN TRADE & MANAGEMENT (IFTM)

Lodhipur, Rajput, Delhi Road, Moradabad-244 001 (U.P.)

Tel.: (0591) 5533563, 64 Fax: (0591) 2360818.

## Admission Form

Date:.....

1. Name of the Course:.....

2. Name of the Applicant:.....

3. Father's/Guardian Name:.....

4. Permanent Address:.....

.....

..... Phone No.....

5. Mailing Address.....

..... Phone No.....

6. Date of Birth: .....

7. Academic Record:.....

Affix Passport  
Size Recent  
Photograph

Examination Passed	Subjects	%(only of concerned Subjects)
10+2		
Graduation		
Post-Graduation		

9.Gen/OBC/SC/ST:.....

10.Facilities Required (Hostel/Bus):.....

### Declaration

We,.....and.....hereby affirm that:  
(Candidate) (father/guardian)

- The particulars given in the application are true and correct;
- We will abide by all rules and regulations of the institute;
- Photocopy of marksheet of High School/Inter/Onwards, original TC/Migration, Character Certificate and 5 passport size photographs have been submitted;
- We are aware that 75% attendance is compulsory in each semester as per University rule otherwise it will not be possible to appear in University Examination;
- The fee amount to be paid in the course admitted will be.....annual fee,.....Buscharge/ Hostel rent,.....Security Money and the examination fee as per university rules;
- All dues will be cleared within notified time failing which a fine ofRs. 100/-per day will be paid by me.

Signature of Father/Guardian

Signature of Candidate

Signature of Admission Incharge

Signature of Director