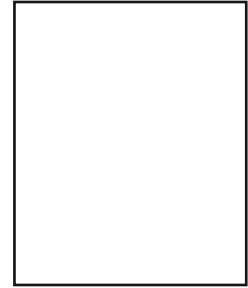




Admission Application (Undergraduate & Postgraduate)



For Office Use Only		
Application No. :		
Course Applied:		
Preference 1:	Preference 2:	Preference 3:

Personal Details

Full Name (in capital) (As in High School/Secondary School Certificate):			
First Name		Middle Name	
Last Name		Gender	M <input type="checkbox"/> F <input type="checkbox"/> Transgender <input type="checkbox"/>
Date of Birth :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Place of Birth:	
Nationality:	Marital Status:	Physically Handicapped: Y <input type="checkbox"/> N <input type="checkbox"/>	
Student Email id			
Father's Name:	Mother's Name:		
Father's Qualification:	Mother's Qualification:		
Father's Occupation:	Mother's Occupation:		
Parent Email id :	Parent Mobile No. :		
Household Income (Per Annum):			
Less than \$ 2,500 <input type="checkbox"/>	\$ 2,501-4,500 <input type="checkbox"/>	\$ 4,501-6,000 <input type="checkbox"/>	\$ 6,001-7,500 <input type="checkbox"/> Above \$ 7,501 <input type="checkbox"/>

Permanent Address :	Correspondence Address (If Different):
City: State:	City: State:
Country: Postal Code:	Country: Postal Code:

Where did you hear about DMIHER ?	Newspaper <input type="checkbox"/>	TV <input type="checkbox"/>	Radio <input type="checkbox"/>	Internet <input type="checkbox"/>	Education Fair <input type="checkbox"/>	Hoarding <input type="checkbox"/>
	Embassy <input type="checkbox"/>	Walk-in <input type="checkbox"/>	DMIHER Student <input type="checkbox"/>	Consultant <input type="checkbox"/>	Friends/Relatives <input type="checkbox"/>	Others <input type="checkbox"/>
Source of Information detail:						

Educational Qualifications:

Examination Passed	Year of Passing	Board/ University	School/College	City	Country	% of marks
Secondary/O level/10th						
Higher Secondary/A level/12th						
Under Graduate						
Name of the Degree:			Specialization:			
Post Graduation						
Name of the Degree:			Specialization:			
Diploma :						
Name of the Diploma :			Specialization:			
Any gap in Academic Year: Y <input type="checkbox"/> N <input type="checkbox"/>			Number of Year(s):	Reason:		

Specify the subject of Higher secondary/A level/12th subject:

S. No.	Subjects	Marks/Grade Obtained	Maximum Marks/Grade Possible
1			
2			
3			
4			
5			
Total Percentage			

Specify the subjects of Under Graduate:

S. No.	Subjects	Marks/Grade Obtained	Maximum Marks/Grade Possible
1			
2			
3			
4			
5			
Total Percentage			