



IIMSHE COMMUNITY COLLEGE

ADMISSION FORM

STUDENT'S
PHOTOGRAPH

Student Regn. No.

(Please fill in capital letters only)

Mr./Ms.		Category	Gen./OBC/SC/ST
Father's Name			
Date of Birth		Nationality	
Home address			
Telephone Number/Email			

COURSE APPLIED

1. Diploma (Industrial Safety Health & Environment) 2. Diploma in mechanical Engineering
3. Diploma in Electrical Engineering 4. Diploma in Computer Application

QUALIFICATION & DETAILS:

QUALIFICATION	NAME OF AWARING INSTITUTION/BOARD	YEAR OF PASSING	% AGE OF MARKS OBTAINED

NAMES OF TWO REFERENCES WITH PHONE NUMBERS

1. _____
2. _____

PLEASE SIGN THE DECLARATION BELOW:

I declare that, all information provided by me in this form is complete, true and correct. I authorize IIMSHE to make any enquiries necessary from the mother institution to assist in the assessment of my application.

Date: _____

Applicant's Signature

APPLICATION MUST BE SENT TO:

IIMSHE COMMUNITY COLLEGE

BHEL Gandhi Udyan, Sector-A, Piplani, Bhopal-462022 (M.P.) Tel.: 0755-2750514, 2680270

Mob.: 9425604018, Fax : 0755-2680270, E-mail : iimshe.safety@gmail.com website : www.iimshe.org

FOR OFFICE USE ONLY:

Mr./Mrs.....

Reg No.....

Receipt No.....

Cash/Chq. No.....

Date.....

DGM (P & A)