

ग्रुप ऑफ मॉडर्न

## मॉडर्न इन्स्टिटयुट

## ऑफ मॅनेजमेन्ट

Aurangabad Maharashtra
Group of Modern

## Modern Institute of Management

AN ISO 9001-2015
Certified Institute

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ADMISSION FORM			
Application For The:- Please Tick One Only:- Regular Distance Name In Full Mr./Ms.:- Mother's Name :- Postal Address :-			
Tel No: STD Code: Office:         Mobile No: Fax:-         Email:			
Date of Birth:-  DD MM YY			
Nationality & Religion :- Qualification :-			
I hereby declare that the information given in this application form is correct to the best of my knowledge and belief. I have read all rules & regulation & promise to abide by them.			
Place : Date :			
Signature of Student Signature of Parent			

Documents attached :-			
1) Leaving Certificate :-			
2) Marks Memo :-			
3) Photo :-			
	For Office Use Only		
Name of Student :			
Receipt No. :-	Date :		
Subject :-	Amount :		
Cash/Cheque/ DD No. :-			
Bank :			
Representive Name :-			
Verbified By	MTSI Admission Granted		
Name :			