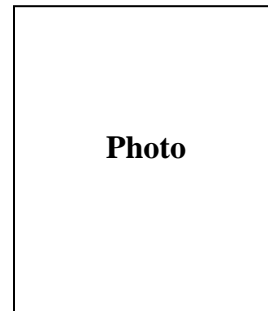


APPLICATION FOR REGISTRATION
I.F.T.M.
INSTITUTE OF FOREIGN TRADE AND MANAGEMENT
Lodhipur Rajput, Delhi Road, Moradabad – 244001(INDIA)
Tel : 0591 – 2360817 , 2360903 , Fax : 0591 – 2360818

SI. No.

Date.....

1. Name of the Course.....
2. Name of the Applicant.....
3. Father's /Guardian's Name.....
4. Permanent Address
-Phone No.....
-
5. Date of Birth
6. Academic Record



Examination Passed	Subjects	% of Marks (Concerned Subjects)	% of Marks (Overall)	Division
10 th				
12 th				
UG				
PG				

7. Roll No. & Rank if appeared in UPSEE for Current Session.....
8. Branches desired in order of preference (in case of M.Pharm only)
 - (i)..... (ii).....
 - (iii)..... (iv).....
9. General/OBC/SC/ST.....
10. Registration amount deposited.....D.D.No.....Date.....

Declaration

I hereby declare that I am applying for admission with the clear understanding that :

- (i) Registration is not the guarantee for admission.
- (ii) Admission will be offered only against remaining vacant after last UPSEE counseling is over.
- (iii) Admission will be strictly in accordance with the latest U.P. Govt. orders on the subjects.
- (iv) The registration amount will be adjusted in the annual fees at the time of admission.
- (v) In case admission is denied by the institute on any ground or is cancelled on the request before the finalization of admission, the registration amount will be refunded after deducting Rs. 1000/- as processing charges.
- (vi) The full registration amount will be forfeited if admission offered in one of the desired branch applied for is not accepted by me.

Signature of Father/Guardian

Signature of Candidate