## NERIM GROUP OF INSTITUTIONS Centre of Excellence for Management Studies, Computer Education, Social Work, Commerce and Juridical Studies Affiliated to Dibrugarh University and Gauhati University

Campus: A Padmanath Sarmah Bhawan, Jayanagar, Khanapara Guwahati - 781022

Campus: B Parukutty Bhawan, Nabin Nagar, RGB Road Guwahati - 781024 Campus : C MDRCC, Mangala Nagar Mangaldoi, Darrang Pin - 784125

One recent passport size (colour)

| Pn. No. 98647-   | 50000, 9                               |        |             |              |    |    |               | 99540 |             |                            | _          | L       |     |     | -     |       |       |     |   | P    | hoto | grap        | h   |
|--|--|--------|-------------|--------------|----|----|---------------|-------|-------------|----------------------------|------------|---------|-----|-----|-------|-------|-------|-----|---|------|------|-------------|-----|
| Form No. :   |  | A      | PPI         | LIC          | AT | 10 | NI            | FOI   | RM          | F                          | OF         | 2       | AD  | MI  | SS    | 10    | N     |     | _ |      |      |             |     |
| Course Applied for:  |  |        |             |              |    |    |               |       |             |                            |            |         |     |     |       |       |       |     |   |      |      |             |     |
| 1. Name of the Applicant : (In Block Letters)  |  |        |             |              |    |    |               |       |             |                            |            |         |     |     |       |       |       |     |   |      |      |             |     |
| 2. Father's Name :<br>(In Block Letters)   | Occupa                                 | ation  | n:          |              |    |    |               |       |             |                            |            |         |     | P   | hon   | e No  | ).:   |     |   |      |      |             |     |
| 3. Mother's Name :<br>(In Block Letters)   | Occupa                                 | ation: |             |              |    |    |               |       |             | P                          | Phone No.: |         |     |     |       |       |       |     |   |      |      |             |     |
| 4. Address:  | Permanent Address  Pin: State: Ct No.: |        |             |              |    |    |               |       |             | Address for Correspondence |            |         |     |     |       |       |       |     |   |      |      |             |     |
| 5. Date of Birth : (By English Calendar)   | Day                                    | ][     | Mo          | nth          |    |    | Year          |       |             | Age :                      |            |         |     |     |       | Year  |       |     |   | Mont | th   |             | Day |
| 6. Academic Qualification :  |  |        |             |              |    |    |               |       |             |                            |            |         |     |     |       |       |       |     |   |      |      |             |     |
| HSLC/10 <sup>th</sup> HS/10+2 (Arts/ Science/ Commerce Graduation (Arts/ Science/ Commerce Post Graduation (Arts/ Science/ Commerce) | rce)<br>/ other)                       |        | Yea<br>Pass | r of<br>sing |    |    | ass/<br>ision | 100   | Mar<br>btai | rs<br>ned                  |            | % (Alar |     |     |       | m o   |       |     |   |      | vers | unci<br>ity | '   |
| Work Exp. (if any)   |  |        |             |              |    |    |               |       |             |                            |            |         |     |     |       |       |       |     |   |      |      |             |     |
| Others   |  |        |             |              |    |    |               |       |             |                            |            |         |     |     |       |       |       |     |   |      |      |             |     |
| 7. Name of the School /:<br>College last attended  |  |        |             |              |    |    |               |       |             |                            |            |         |     |     |       |       |       |     |   |      |      |             |     |
| 8. Nationality & Home State  | :                                      |        |             |              |    |    |               |       |             |                            |            |         |     |     |       |       |       |     |   |      |      |             |     |
| 9. Caste / Category :<br>(Tick Mark)   | GEN                                    |        |             | ОВС          | I  |    | MOE           | вс    |             | ST                         |            |         | sc  |     | ] 10  | 0. Re | eligi | on: |   |      |      |             |     |
| 1.Local Guardian's:  Name:  Address:   |  |        |             |              |    |    |               |       |             |                            |            |         |     |     |       |       |       |     |   |      |      |             |     |
|  | Land                                   | dline  | No.         | ·            |    | _  |               |       |             |                            | _          | _       |     | Mob | ile N | 0. :  |       |     | _ | _    |      |             |     |
|  |  |        | AC          | CKN          | 10 | W  | LE            | DG    | ΕN          | ИE                         | N'         | T       | SLI | Р   |       |       |       |     |   |      |      |             |     |
| Form No. :   |  |        |             |              |    |    |               |       |             |                            |            |         |     |     |       |       |       |     |   |      |      |             |     |

| ACKNOWLEDGEMENT SLIP                                |                                    |  |  |  |  |  |  |
|---|------------------------------------|--|--|--|--|--|--|
| Form No. :  |                                    |  |  |  |  |  |  |
| Received from Mr / Miss                             | Vide Sl. No                        |  |  |  |  |  |  |
| dully filled-up Application Form for admission into | Programme for the Academic Session |  |  |  |  |  |  |
|   |                                    |  |  |  |  |  |  |
| Date:   | Signature with Office Seal         |  |  |  |  |  |  |

## DECLARATION

I, the undersigned, do hereby declare that the particulars furnished by me in the application are correct and true in all respects. I stand to forfeit my admission if any information provided in this Application Form is found to be false and incorrect. I further declare that I shall obey all the rules & regulations and orders of **NERIM AUTHORITY** during my period of undergoing the programme and I shall be liable for any damage caused by me to any property of the Institute including Computer Hardware, Library Books, Furniture, Fixtures etc.

I also declare that I shall abide by the Rules and Regulations prescribed by the University so as to make me eligible for the award of my Degree by the University.

Further it is declared that during my course of study, I shall not pursue any other course of study or hold any Part Time / Full Time employment elsewhere.

| Date :                                  |  |   | Signature of the Applicant  |  |  |  |  |  |  |  |
|---|--|---|---|--|--|--|--|--|--|--|
| him                                     |  | nancial support to him / her, ar  | son / daughter / ward to be true.  Ind I will be liable for the liability created by        |  |  |  |  |  |  |  |
| Date                                    | ):[                                      |   | Signature of the Parent / Guardian  |  |  |  |  |  |  |  |
|   | Selected for Admission into 1st Semester |   |   |  |  |  |  |  |  |  |
| Date                                    | ·  | HOD/Principal   | Director, NERIM   |  |  |  |  |  |  |  |
| 1.<br>2.<br>3.<br>4.<br>5.<br>6.<br>NB: | documents must reach the office of       | ad of the Institute / College last atte<br>t, Certificates of HSLC (10th) / HS<br>the should be pasted on the space so<br>the from appropriate Authority. | (10+2)/Graduation. specified in the form.  n. Duly filled up Application Form with relevant |  |  |  |  |  |  |  |
| Da                                      | e:                                       |   | Cash Collection •   |  |  |  |  |  |  |  |

## The students are requested to bring this Slip on the day of Admission.

For further enquiry please contact personally or over the phone at:

Padmanath Sarmah Bhawan, Jayanagar, Khanapara, Guwahati-781 022 Phone: 0361-2234999, +91-99541-90758, Fax 0361-2234900 Website:: www.nerimindia.org:: E-Mail ID: nerimindia@gmail.com.