

# INSTITUTE FOR DESIGN OF ELECTRICAL MEASURING INSTRUMENTS

## ADMISSION FORM

(Note: All the entries to be filled in capital & English only)

Form No.:

Roll No.:

Course Code:

Duration:  Year  Months

Course Name:

Course Commencing From:

Paste  
Photograph  
Size  
35 mm x 35 mm

Name:  (Surname)  (First name)  (Middle name)

Father's Name:  (Surname)  (First name)  (Middle name)

Address:

Contact No.: STD Code :  Phone :  Cell:

Date of Birth:  : Adhar Card No.   
(As per secondary School Leaving Certificate) D D M M Y E A R

Sex: M  F  Blood Group:

Caste / Category : SC  ST  OBC  PH  NT  OTHER  Religion:   
(Tick ✓ appropriate category) MINORITY  GENERAL

Occupation of Father:  Income Per Annum :Rs.

Details of Education Qualification: (Attach the copies of certificate of verification)

Start with Matriculation:

Examination	Board / University	% of Marks	Year of Passing
10 <sup>th</sup> Std			
12 <sup>th</sup> Std			
Degree / Diploma			
Other Courses			

Experience:

Registration Fee: Cash / D. D.-Rs. , If D. D. give details .   
(Non Refundable) Bank  Rs.  DD . No.  Date:

### DECLARATION

I hereby solemnly declare that the information furnished by me in this application is true to the best of my knowledge and belief. I abide the rules & regulation, general information given the prospectus and enforced by the institute from time to time. If any information found incorrect at any stage of my study, the institute reserves its right to cancel my registration/ admission and no fees shall be refunded to me.

Place: \_\_\_\_\_ Date: \_\_\_\_\_ Signature of Applicant

### RECEIPT

Received with thanks from Mr./Mrs./Ms. \_\_\_\_\_ an amount of \_\_\_\_\_  
(Rs. \_\_\_\_\_) as cost of Admission form No. \_\_\_\_\_ towards registration for  
the training Course No. \_\_\_\_\_ course \_\_\_\_\_.

Date: \_\_\_\_\_ Head (Training), IDEMI

**FOR OFFICE USE ONLY**

**APPROVAL FOR ADMISSION**

Course Commencing From:

Course Fee (Basic): Rs.

Admission Cadre (Tick "✓" appropriate category)  
Regular  Sponsored  IDEMI Trainee  IDEMI Employee  Group   
Cont. Edn.  Engg. Student  Category  IDEMI Employee's Child  Others

Cadre Details:

Fees to be paid

Registration Fee: Yes  No  If Yes Rs.

Course Fee: Yes  No  If Yes Rs.

Other Fee(If any): Yes  No  If Yes Rs.

Any other comments/ suggestion:

**STATUS OF ADMISSION**

Roll No.:

Details of Course Fee Payment :

Sr. No.	Description	Amount	Receipt No.	Date
<b>Total Amount</b>				

Fee Dues (Remarks):

**HEAD OF DEPT.(TRG.)**

**COURSE CO-ORDINATOR**