FORMAT OF APPLICATION FORM

		IAMATA ENTRANCE EXAMINATION – 2024				
1. Name		:			Photo	
2 Present . Address		:				
		Pin Code				
3. Permanent Address :		:				
		Pin Code				
4. Phone No :Code No Mobile No. (1) E-mail ID:		Phone No(3)				
5. Birth I	Date :	As on 1/8/	As on 1/8/2025 Age: yearMonthDay			
		S.C. / S.T. / SEBC				
8. Educational Qualification:						
Sr.	Name of	Name of University	Details of Marks			
No 1	Degree		Total Marks	Obtained Marks	Percentage	
2						
I certify that above details are correct and if found incorrect, I am bound to accept the decision of cancellation of my admission.						
Date :- / /2024.			Signature : -			

Place : -