

If yes, give details

IPS Group of Colleges

- Institute of Professional Studies
- IPS College of Technology & Management
- Institute of Professional Studies College of Pharmacy

Admission Form: 2014-2015

1. Name of the Course: **BE**(CSE/ME/EC/CE/IT/AU/EE) /**M.Tech** (Machine Design/CTM) MBA/B.Pharma/M.Pharma/BBA/BCA/B.P.Ed/M.P.Ed/B.Ed 2. Full Name (in Capital Letters) 3. Date of Birth : Day Month Year 4. Age (as on 1st July of Current Year): Year Days 5. Nationality: State of Domicile: 6. Sex: Male Female 7. Medium of Instruction (in 10+2): Hindi **English** Divorced 8. Marital Status (Tick the correct option): Single Married 9. Category (Tick the correct option): General STSC OBC 10. Father's Name: Mr. 11. Mother's Name: Mrs. 12. Name of Guardian: Mr./Mrs Occupation: 13. Annual Income of Father /Guardian Rs 14. Address of Correspondence: E-mail Id: Mobile No. Landline no. (with STD Code): 15. Permanent Address: Mobile No Landline no. (with STD Code): 16. Have you ever convicted for any kind of crime/gross indiscipline? Yes No

17. Educational Details:

Qualifying Exam. Passed	University/Board	Year of Passing	Division	Aggregate Marks	Percentage of Marks
a. High school					
b.10+2 or equivalent					
c. Graduation					
d. Post Graduation					
e. Other Examination					

Undertaking by Self

I, Mr./Mssolemnly declare that all the information given	in the
application form and the supporting documents attached by me are true to the best of	of my
knowledge. I am fully aware that furnishing incorrect information is a punishable act as p	er the
rules and regulation of the institute. I shall abide by the rules and regulation of the institute.	
provided in the prospectus and students' Code of Conduct. I will pay my college fee and	
dues on time. I am also aware that if my attendance falls below 75% in a semester/year (a	as per
university norms), I will not be permitted to appear in the examination of the semester/year.	

knowledge. I am fully aware that furnishing incorrect is rules and regulation of the institute. I shall abide by provided in the prospectus and students' Code of Cond dues on time. I am also aware that if my attendance fall university norms), I will not be permitted to appear in the	the rules and regulation of the institute luct. I will pay my college fee and other lls below 75% in a semester/year (as per			
If I found indulging in any unlawful activity (include against me by the enforcing authorities, I shall extend matter is finally decided and disposed of.	ing ragging), which invites legal action full cooperation to the institute, until the			
Place:				
Date:	Signature of Candidate			
Undertaking by the Parents/ Guardian				
I, Mr./Ms	e of the rules and procedures of the de of Conduct. I undertake that my ward of injury during the entrance test (in case a ware that if my son's /daughter's/ward or university norms), he/she will not be			
In case my son/daughter/ward is found indulging in any unlawful activity (including ragging), which invites legal action against him/her by the enforcing authorities, I shall extend full cooperation to the institute, until the matter is finally decided and disposed of.				
Place: Date:	Signature of Parents/Guardian			

Duly filled Application Form is to be sent:

IPS Group of Colleges

P.O. IPS College, Shivpuri Link Road, Gwalior: 474001

Madhya Pradesh, INDIA

Phone: 0751-3052400,3053408,

Email ID's: ipsgwalior@gmail.com, info@ipsgwalior.org Website: www. ipsgwalior.org