## Form A



## **INDIAN MARITIME UNIVERSITY**

A Central University Government of India , Ministry of Shipping

East Coast Road, Uthandi, Chennai 600 119
APPLICATION FORM FOR B.Tech(ME), B.Sc (NS), B.Sc (SBR) AND DNS SPECIAL ADMISSION TEST

FOR OFFICE U	ONLY	
ENROLLMENT NO:	Affix your passport size	
COURSE APPL	PFOR photograph (3.5cm x 4.5 cm)	
B.Tech (ME) B.Sc (NS)	B.Sc (SBR) DNS du y attested by you	
APPLICATION TO BE FI	ED IN CAPITAL LETTERS	
1. Name of the candidate	:	
2 .Father's (or) Mother's Name	•	
3. Sex	:	Male Female
4. Address for Correspondence 1st line	e :	
2nd Line	) :	
City	:	
State	:	
Pincode	:	
5. Contact Number - Mobile	:	0
Telephone No with std code	:	
6.Email id in capital letters	:	
7 .Date of Birth DD/MM/YYYY	:	
8. Age	:	
9 .Religion	:	
10. Category	:	GENERAL SC ST OBC
11. Nationality	:	INDIAN OTHERS Others means specify

12. Ter	rritory C	Code		:	Urban	F	Rural [				
13. Ex	am Cei	nter Name	: 🔲								
14. Ex	am Ce	nter Code									
15. BA	ANK NA	ME	STATE I	BANK OF	INDIA	IN	IDIAN I	BANK	A)	XIS BANI	<b>√</b>
JO	URNA	L NO.									
D/	ATE										
AN	MOUNT	Rs.									
16. Relevant Educational ( ualification (which make you eligible for the programme)											
Qualific		Main Sub	<u> </u>	Year of I	· ·	% of ma	arks in PC al Year) / B	M/B.Sc.,	Nam	e of the B	oard
		PHYSICS					].	%			
10 +	-2	CHEMISTR	ĽΥ					%			
	_	MATHS						%			
		Overall Per	rcentage				]•[	%			
Highest Percentage of marks obtained in English in 10th or 12th											
DECLARATION BY APPLICANT											
I hereby declare that I have read and understood the conditions of eligibility for the programme for which I am seeking admission. I fulfil the minimum eligibility criteria for this programme as prescribed in the prospectus. I have provided necessary and relevant information. In the event of any information being found incorrect or misleading, my candidatureshabe liable to cancellation by the University at any time and I shall not be entitled to refund of any fee paid by me to the University. Further, I have carefully studied the rules of the University as printed in the Prospectus and I accept them and shall not raise any dispute in future over the same rules. I further declare that I am medically fit as per the standards set by Merchant Shipping Medical Examination Rules, 2000, as amended from time to time and have also got my eye-sight checked from a qualified Eye specialist who has certified that I possess 6/6 eye-sight in both eyes and do not suffer from colour blindness and therefore I shall not be entitled for any refund of fee paid to IMU at any stage of admission in case I am declared ineligible during MMD eye-sight test Medical Fitness Test.											
Date:	D D	<u>/                                    </u>	YYY					Signatu	re of the	: Candida	te
CHECK	LIST							Oigriata	TO OT THE	Carraida	.0
Before submitting the application form please make sure that you have affixed you photograph and signed over it and											
attached the following (Tick the relevant boxes):											
Challan for Application Fee for Rs. 800/- (Rs. 450/- in case of SC / ST Candidates or Challan Copy or Proof of Payment to Bank)											
☐ ii.	Self-at	ttested Categor	y Certificate	for SC/ST/	OBC cand	idates wh	erever r	equired.			Dans 0