



Knowledge, Skill, Values
IPS ACADEMY
 60 Courses, 48 Acre Campus

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APPLICATION FOR REGISTRATION / ADMISSION

Year In School / College / Institute Date.....

Course..... M.P. Quota / All India Quota..... Form No..... Computer Code.....

1. Name of Student : _____
 First Name Middle Name Surname

2. Date of Birth : Date Month Year 3. Sex : Male/ Female 4. Age.....yr.....mths.....
 [][] [][] [][][][] Age as on 30th June 07

5. Address for Communication: _____

City : _____ State : _____ Tel : (STD) _____

E-mail (if any): _____ Mobile No.: _____

5.1 Nationality: _____

6. Address (Permanent): _____

City : _____ State : _____ Tel : (STD) _____

E-mail (if any): _____ Mobile No.: _____

7. Father's / Husband's Name : _____ Occupation: _____

Name & Address of Organization: _____

City : _____ State : _____ Tel : (STD) _____

E-mail (if any): _____ Mobile No.: _____

Mother's Name: _____ Occupation: _____

Local Guardian: _____ Occupation: _____

Address : _____

7.1 Category : General SC ST OBC

8. Educational Qualification (starting from Class X)

Course Completed	Year of passing	School / College	Board / University	Result % Marks / Grade
SSC (X)				
Higher Secondary/10+2				
Graduation				
Any other				

8.1 Details of entrance exam (Enclose Score Card): _____

9. Extra Curricular Activities / Hobbies: _____

10. Height : _____ Cms. Blood Group :_____ Weight :_____Kgs.

11. Any Handicap / Physical Disability that can constrain you in pursuit of your chosen career. Please attach a medical certificate from a registered medical practitioner. Yes No

Description: _____

12. Do you need hostel accommodation ? Yes No

13. Are you a domicile of M.P.? Yes No
(If yes attach domicile certificate.)

14. Have you ever been prosecuted or jailed for any offence ? Yes No

If yes give details: _____

15. Any other relevant information in support of your application . (if any) (Use a separate sheet)

Place: _____

Applicants Signature: _____

Date: _____

Parent / Guardian Signature: _____

For Office Use Only

Computer Code : _____

Documents Verified by : _____

Admitted / Not Admitted / Waiting : _____

Authorized Signatory : _____

Remarks : _____

Director / Principal / HOD

