



INDIRA GANDHI TECHNOLOGICAL AND MEDICAL SCIENCES UNIVERSITY, ARUNACHAL PRADESH

Established under The Indira Gandhi Technological And Medical Sciences University Act 2012, Government of Arunachal Pradesh

Headquarters: Ziro-791120, Lower Subansiri District, Arunachal Pradesh

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Website: wikipedia.net/igtamsu, Email : Indiragandhiuniversity@gmail.com

Programme Applied:

ADMISSION FORM

Paste you stamp size photo and attach three photos for ID card and records

Name of the student:

Date of Birth:/...../..... Gender: (M/F).....

Nationality: Adhar card No.: Category:

Father's Name:.....

Mother's Name:.....

Present Address:.....

Permanent Address:.....

E-mail Address:.....

Telephone/Mobile/WhatsApp.....

Educational Qualification:

Sl.No	Qualification	Year of Passing	Name of Board/University	% of Marks/CGPA
01	Class 10 th			
02	Class 12 th			
03	Graduation			
04	Others (if any)			

(Attach all details from High School/Higher Secondary/College University wherever the student has studied)

(Attach separate sheets or statements and documents wherever required)

Details of payment:

UNDERTAKING

I hereby declare that the information mentioned above is true to the best of my knowledge and belief and that I will get admitted after paying the required admission, registration and tuition fee after getting the selection letter from the University.

Date.....Place.....

Signature of the student

Details of Parent/ Legal Guardian

Sl.No	Name of Parent/Legal Guardian	Relation with Student	Postal Address	Contact No.Parent/Legal Guardian	Photo

Note: Only parent/legal guardian will be entertained for any issue/enquiry related to the ward. The copy of Adhar Card and Voter ID is required to enclose.

List of Original/Xerox Documents Submitted at a time of Admission.

Sl.No	Name of Documents	Original / Xerox	Signature of Student	Signature of Receiver
01	Class 10 Mark sheet & Certificate			
02	Class 12 Mark Sheet & Certificate			
03	Scheduled Tribe certificate (ST)			
04	Permanent Residential Certificate (PRC)			
05	Migration (Original Only)			
06	Aadhar Card			
07	Medical Fitness			
08	Passport Size Photo			

Signature of Parent/Legal Guardian

Signature of Student

Date:

Date:

Place:

Place:

Signature of Admission Committee

Date of Admission:/...../.....

HOD of Respective Department

Signature of Admission Officer