

Serial Number.....

Date of Admission.....

Roll Number.....



(To be filled-up by IGTAMSU Officials)

INDIRA GANDHI TECHNOLOGICAL AND MEDICAL SCIENCES UNIVERSITY, ARUNACHAL PRADESH

Established under the Indira Gandhi Technological and Medical Sciences University Arunachal Pradesh Act 2012, Government of Arunachal Pradesh

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

Website : igtamsu.ac.in ● Email : indiragandhitechmeduniversity@gmail.com

Website : indiragandhiuniversity.in ● Email : indiragandhiuniversity@gmail.com

Choice for the Course :

Paste your
Stamp Size
Photo and
attach three
photographs
for ID Card
and records.

ADMISSION FORM

Name of the Student.....

Date of Birth.....

Nationality.....

Father's Name.....

Mother's Name.....

Present Address.....

Permanent Address.....

Email Address.....

Telephone / Mobile / WhatsApp.....

Educational Qualification.....

(Mention all qualification from Class X onwards)

(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