

PLEASE ENCLOSE -

1. Photocopy of Marksheets of 10 & 10+2
2. Medical Fitness Certificate duly signed by Gazetted Officer
3. Address Proof
4. Character certificate from the Institute last attended

TERMS & CONDITIONS (AGREED UPON BY THE PARENT / GUARDIAN) :

I, _____ Mother/Father of _____ who is seeking admission in RIMS have fully understood the terms and conditions governing the admission and the course of study thereafter of my ward in that I hereby undertake to abide by them fully with specific reference to the following:-

1. In the event of my ward not joining the course or withdrawing shortly after the admission fee paid will **not be refundable** under any circumstances.
2. The Institute fee will be payable in advance and in not more than two instalments. 50% is to be paid at the time of admission and the remaining within the 3 months of the admission date. Delayed payments will invite late fee.
3. I fully understand that incase of non-payment of fees as prescribed, my ward will not be permitted to go for the scheduled six months training and sit for the institutes / university examination.
4. I fully understand that my ward will be subject to the rules and regulations of the Institute governing his/her general conduct, discipline and grooming. Any breach thereof on the part of my ward will subject him/her to disciplinary action or fine or both as the Institute may decide including expulsion from the Institute in extreme cases of breach of discipline.
5. A minimum of 75% attendance is required to go for industrial training and to sit for the institute / university examinations.
6. My ward will attend industrial training as per his/her course programme in a hotel to which nominated by the Institute and will abide by the rule & regulation of that hotel in his/her day to day conduct.
7. I will not hold the Institute or the hotel (when on industrial training) responsible in any manner in the event of any injury to my ward during the training / course.
8. I am medically fit to join the course and I have not hidden my medical condition that would hamper my performance.
9. I fully understand that in the event of any dispute the matter will be subjected to Dehradun jurisdiction only.

Signature Parent/Guardian

Date:.....

Signature of Student

Name :

Address :

DECLARATION

I affirm that the information furnished above is correct to the best of my knowledge and belief, and that I will accept as final and binding the decision of RIMS. If any information provided by me is found to be false or incorrect at a later date, I will be held solely responsible for all the consequences.

.....
Signature of Parent/Guardian

.....
Signature of Applicant



RADIANCE INSTITUTE OF MANAGEMENT STUDIES

(REGISTERED UNDER THE SOCIETY REGISTRATION ACT 1950, GOVT. OF INDIA)

Haridwar Bypass Road (Opp. Mahindra Showroom) Dehradun, Uttarakhand Pin - 248 001

E-mail : rims.dun@gmail.com

No. I



APPLICATION FOR ADMISSION TO THE _____ COURSE

1. Full Name Mr. / Ms.

2. Date of Birth (DD-MM-YY)

3. E-mail ID

4. Correspondence Address (IN CAPITALS) (Do not repeat name)

Phone No. Pin Code :

5. Permanent Address (IN CAPITALS) (Do not repeat name)

Phone No. Pin Code :

6. Mobile No.

Family Details

7. Father's / Gurdain's Name

8. Profession / Business

9. Designation

10. Name of Organisation

11. Office Address

12. Tel No. Fax No.

13. Do you require Hostel Accomodation

14. Academic Qualification (Xth Standard Onwards)

Exam. Passed	Year	Name of Board/University	Aggregate % of marks	Subjects
Xth				
XIIth				
Graduation				

(Attested copies of mark sheet of the degree / graduation should be enclosed with the Application Form)

Special Achievement (if any)

Extra Curricular Activities / Hobbies